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UNIVERSITY OF ALBERTA

A PHENOMENOLOGICAL INVESTIGATION OF THE EXPERIENCE OF DANCE/MOVEMENT THERAPY

by

JO ANN HAMMOND-MEIERS ©

A thesis submitted
to the Faculty of Graduate Studies and Research
in partial fulfillment of the requirements
for the degree of
DOCTOR OF PHILOSOPHY
in
Counselling Psychology

DEPARTMENT OF EDUCATIONAL PSYCHOLOGY

Edmonton, Alberta
Fall, 1992

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The undersigned certify that they have read, and recommend to the Faculty of Graduate Studies and Research for acceptance, a thesis entitled "A Phenomenological Investigation of the Experience of Dance/Movement Therapy" submitted by Jo Ann Hammond-Meiers in partial fulfillment of the requirements for the degree of Doctor of Philosophy in Counselling Educational Psychology.

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ABSTRACT

The lived-experience of dance/movement therapy was investigated from the perspectives of women with depressive features, who agreed to be collaborators in this phenomenological research. The phenomenological questions asked were: what was the experience of dance/movement therapy; how was dance/movement therapy experienced; how was this experience meaningful; how were the movements or dances meaningful to the therapy? These women talked freely about their experiences. All sessions and the interviews were transcribed. A movement analysis was written from video-taped sessions only. The raw statements from all data were divided into meaningful units or first-order protocols. Patterns and underlying structures were sought from the protocols and put into clustered and unique first-order themes. Higher order themes were derived through searching for common elements within the clustered first-order themes. A synthesis of the experiences became the essence of movement therapy. Results included fifteen verbal and eighteen movement higher order themes. Movement categories included: 1) transitional 2) directional, 3) habitual, 4) self-care versus self-destructive 5) confrontational, 6) dance, 7) relaxing and tensing, 8) role playing, 9) authentic movement, 10) interactions with the therapist, 11) touching, 12) expressing self, 13) movement qualities, 14) use of space, 15) observing, 16) sitting, 17) using props, and 18) play. Higher order Verbal categories included themes under the headings 1) self, 2) feelings, 3) relationships, 4) body, 5) activities, 6) reflections about therapy, 7) time, 8) family, 9) world relationship, 10) cognitive, 11) the "they", 12) sex, 13) movement, 14) aesthetic, 15) symbols. The essence of movement therapy involved: 1) freedom to move in and through a wide range of movements in the presence of the therapist for the purpose of exploring the self in the world, 2) the enhanced experience of the immediacy of bodily-felt movement, 3) connecting movement experiences to behaviours in the lived-world, 4) furthering attention to movements which acknowledged their body's wisdom, kinesthetic knowing and physiognomic learning, 5) creativity through connecting the meaning of these kinesthetic knowings to their lives, 6) an awareness of self-evolution through dances and movements, 7) more care for their body-selves, 8) an appreciation of their spiritual growth as connected to their inner bodily-felt selves.

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CHAPTER I

Introduction to Dance/Movement Therapy

Overview

The following phenomenological investigation involves a rigorous inquiry into the experience of dance/movement therapy for two adult women who experienced themselves as depressed. The phenomenological questions asked were: How was individual dance/movement therapy experienced by these two women participants; how was this experience meaningful for the participants; how were the movements or dances meaningful to their overall therapy? These initial questions led to the question of how dance/movement is experienced as therapy within the context of dance therapy. Dance/movement therapy contains both verbal and non-verbal psychotherapeutic components. Both of these aspects, as well as their over-lapping nature, were investigated in this study.

The volunteer participants were asked to be collaborators in the research, promoting a climate which supported a sense of equality between researcher and participants during the dialogues about the participants' experiences. The researcher sought to describe the lived-world of these particular participants in dance/movement therapy, despite the fact their world can only be approached and never be fully captured. The lived-world contains all aspects of experience, including the immediate pre-reflective experiences found in bodily experience.

Reflections upon such pre-reflective experiences are important to the phenomenological approach of this research. The lived-world includes who the participants are within the sessions and in the outside world, 1) in a prelinguistic bodily-felt sense, 2) through movement, and 3) in their choice of words, language content, and verbal expressions. Following phenomenological thinking, the researcher believed that understanding how the participants lived their co-existence with the world (being with others, Mitwelt) could lead to a more integrated and/or richer description of their movement therapy experiences. Moreover, the study of the meaning and significance of movement within therapy is beyond the realm of movement therapy alone, simply because all human therapy with human beings involves moving people, even though that movement may be less demonstrative, such as breathing or sitting as compared to dancing.

This research relates to phenomenological studies about being a body (Umwelt). In particular, movement therapists have focused on the importance of both embodiment of experience and knowing with the body-subjective. Movement therapy permits and encourages the therapist to attend to bodily concerns and movement language within specific therapeutic parameters, depending on the population served.

This phenomenological research focused on protocols, first order themes, higher order themes in movement and verbal experiences as derived from mundane descriptions. The researcher used the first person pronoun as she chose to be involved within the co-constituted experiences. When the research neared completion, the synthesis of the movement therapy or the essence of the lived-world of movement therapy revealed itself through extensive reflection of the data. Video-tapes of the sessions played an important role in both the movement therapy and the research data collection.

In the movement therapy itself, I employed a phenomenological oriented approach. This allowed me to respond to the participants more freely as well as draw upon movement therapy techniques deemed appropriate in the on-going sessions.

Literature Critique

Synopsis of Literature Critique

This chapter introduces the characteristics, origins and objectives of dance/movement therapy as presently found in the literature. The elements of dance/movement therapy which have been the base of dance therapy's development as a therapy, are discussed briefly, highlighting the extent of research development and the limits of research results, as they specifically address dance therapy. Types of dance/movement therapy will be described, noting how each of them is theoretically manifested: a) psychoanalytic, b) experiential, c) humanistic, d) Chacian, e) body-ego, and f) authentic movement. Body therapy skills and kinesiology skills will be described and discussed in terms of their therapeutic contributions to, and their potential integration into, dance/movement therapy.

Dance Movement/Therapy

Ideally, dance therapy pays attention to both verbal and nonverbal communication, and endeavors to understand it within a holistic and humanistic framework. Dance therapy seeks to facilitate ways to experience wholeness and meaningful connections with one's own body and one's sense of self. A better understanding of how to meaningfully relate to others is also an important part of dance/movement therapy. Movement experiences may be accompanied by visual images, bodily-felt sensations, and/or words, depending on the visual, kinesthetic and verbal abilities or preferences of the participants (Chodorow, 1991). By putting a lived-experience, which consists of movement and verbal thoughts, into images, feelings, or words, one might access additional information available through the *sensory modes* or channels (visual, kinesthetic, proprioceptive, auditory and relational experiences), thus facilitating communication with and about direct experiences (Mindell, 1987).

Dance/Movement Therapy Definition. The American Dance Therapy Association (A.D.T.A.) states that dance/movement therapy is "the psychotherapeutic use of movement as a process which furthers the emotional and physical integration of the individual" (A.D.T.A., 1985). A.D.T.A. (1985) continues: "Thus, dance/movement therapy effects changes in feelings, cognition, physical functioning and behaviour. The dance/movement therapist focuses on movement behaviour as it emerges in the therapeutic relationship." Levy (1988) states, "Dance therapy as a psychotherapeutic or healing tool, is rooted in the idea that the body and the mind are inseparable." The A.D.T.A. (1985) writes, in its pamphlets given to the public to explain movement therapy, "expressive, communicative, and adaptive behaviours, are all considered for both group and individual treatment. Body movement simultaneously provides the means of assessment and the mode of intervention." However, very little research has clearly delineated the nature of movement experience from the participant's perspective (Moore & Yamamoto, 1988). Research is needed which shows there are advantages to the therapeutic process when movement is brought into the treatment. It also would be important to further our understanding of how movement is meaningful to the participants, both in their therapy and in their lives.

Although there are some detailed movement descriptions of clients' movements (Davis, 1981), the reviewed literature contains no in-depth studies that included the whole course of individual therapy. No studies were obtained containing dialogues of therapist with participants during the movement therapy sessions. There were no movement analyses of the participants in movement therapy over an extended period of time, session by session, with or without the use of video-taping as a recording tool. [In the present research there were fifteen sessions for Melanie (M), a pseudonym and thirty-five sessions for Doris (D), a pseudonym.] There were no studies with sequential, dialogal-interviews between therapist and clients after sessions with or without the use the video playback as a tool to reflect upon experience.

Origins/Development of Dance/Movement Therapy.

Mary Wigman's modern dance influence set the stage for the development of dance/movement therapy (Levy, 1988). Movement therapy has expanded rapidly since the 1940's, mainly in the United States, but also in Canada, England, Germany, Israel, and Sweden (A.D.T.A. Conference, Baltimore, 1988; A.D.T.A. Conference, Los Angeles, 1987). In Canada, there is an undergraduate degree program with a minor in dance therapy attainable through a Fine Arts Program at York University in Toronto.

Presently in the United States there is a large and active association called the American Dance Therapy Association (A.D.T.A.) and in Canada, there are Provincial associations of Dance/Movement Therapy in Ontario and Quebec. Efforts are under way to have a Canadian association. Canada is presently represented in a chapter called the Canadian/New England Chapter of the A.D.T.A.

There were many pioneers in the field of dance therapy. Marian Chace, the "Grande Dame of Dance Therapy," started to explore and practice dance therapy in the forties, at Saint Elizabeth's Hospital in Washington, D.C. before it was officially called dance/movement therapy (Chaiklin, 1975; Levy, 1988). Irmgard Bartenieff (Bartenieff & Lewis, 1980; Levy, 1988) brought Laban Movement Analysis to America and to dance therapy. She researched movement fundamentals for polio patients and taught many dance therapists the concepts of effort/shape and space harmony. Blanche Evan (Rifkin-Gainer, 1986), Lillian Espenak (1981), Trudi Schoop (1974), Alma Hawkins (Hawkins, 1972; Levy, 1988), Mary Whitehouse (Bernstein, 1986a; Whitehouse, 1968, 1977, 1978) are among many other pioneers who contributed much to the early roots of working with movement in a variety of settings. During World War II, Rudolf Laban (Laban, 1960) developed a movement notation that influenced many movement therapists through its language of movement analysis. All of these pioneering efforts were effective in establishing a firm foundation for the dance therapy profession.

Chace worked with institutionalized schizophrenics who responded to her non-demanding, movement-oriented approach (Chaiklin, 1975). Rosen (1957) wrote an excellent book, a study of dance therapy with schizophrenics in an institution. Espenak (1981) and Canner (1968; 1980) pioneered work with the mentally retarded and multiple handicapped. Espenak devised a "diagnostic movement assessment" for the mentally retarded while Canner emphasized the creative dance roots and props which assisted her in her work with the mentally retarded. Whitehouse (Bernstein, 1986a) and Evan (Rifkin-Gainer, 1984) expanded their creative dance work into a form of therapy, and both applied their creative dance style and their kinetic perception to a form of dance therapy relevant to normals and neurotics. Whitehouse used a movement-in-depth approach, a Jungian approach to dance therapy (Levy, 1988). Trudi Schoop combined dance, drama, and mime for therapy with hospitalized psychiatric patients (Levy, 1988; Schoop, 1974). Other dance therapists also use dramatic techniques in combination with dance therapy (Johnson, 1990). Alma Hawkins integrated humanistic psychology, imagery and relaxation with dance (Levy, 1988).

The Laban/Bartenieff Institute (LIMS) and the Bureau of Dance Notation, both in New York, taught movement analysis to dancers and movement therapists. A counterpart to the Laban/Bartenieff Institute exists in London, England. Effort/shape language or movement analysis is used as a tool in dance therapy. Knowing how to interact with the observed movements in a therapeutic way goes beyond merely seeing the movements and describing them. The movements are considered by dance/movement therapists in the context of the therapeutic needs of the mover.

Elements of Movement Therapy

Although the following section looks at the elements within movement therapy, it is far from exhaustive and is not meant to give an impression of the whole of dance therapy. Rather, the brief summaries serve to acknowledge that research on specific elements was supportive of the development of movement therapy. Studied separately, these elements add little to an understanding of the experience of movement therapy. Grouped together, these elements or concepts suggest a somewhat fragmented approach, looking at parts without having a way of putting them into the total therapeutic context.

Body Image. Body image can be defined as "the picture of our own body which we form in our mind...the way in which the body appears to ourselves" (Schilder, 1950, p. 11). There can be many different intrapsychic representations of each person's body (Cumming, 1988). Umwelt (being a body) means the projection of a world which is more than a situation. In order to allow possible body representations, "Umwelten," or body-selves in various situations, the therapist requires an open attitude. The phenomenological approach to psychotherapy has been called Daseinsanalysis (analysis of Being in the world) (Krueger, 1979). This approach is about a way of being as a therapist or human being which makes one present to another human being (participant) as fellow human beings with a demeanour of let-be-ness, an active participation that allows the unfolding or meanings of relating that are specifically the participants, for the purpose of facilitating the participant's own existence (Krueger, 1979). With this attitude, promoting "Unwelten", the therapist is more likely to allow the client's multiple selves and body images. Sharing our world with others ("Mitwelt"), we learn to appreciate the need for and limitations of "Umwelt."

More research needs to be conducted regarding how body image is manifested and addressed within the therapeutic context of movement therapy. Books written by authors such as Mindell (1982, 1985) and Rossi and Cheek (1988) suggest that body image needs to be addressed in therapy as a process, not as a fixed goal for fixed improvement. Raskin (1983) titled her study, "The effects of dance therapy on body image of bulimic women," using a natural science methodology, but the results focused upon depression and self-esteem. Moreover, the statistics did not address body image directly. She did include an anecdotal description of how many of the movements that seemed to most benefit the group members were those which connected with a child's attempt to stand and locomote (Raskin, 1983). She states:

> In the beginning sessions, the members were careful to sense their feet on the ground and feel their weight shifting. Opening, closing, widening, narrowing, and reaching were movements that preceded more expansive movements observed in later sessions... we aided their process by introducing sequential movement patterns to further development. (p. 103)

Raskin (1983) states that one member of the group wrote:

> I think that movement work for me is beneficial. I have a very hard time accepting my body and moving freely ... I was able to take in and process the acceptance I found with group members. This acceptance helps me to hate myself a little less. (p. 104)

Phenomenologists are interested in describing what is experienced and how the experience is meaningful, which may or may not involve "process," as this participant uses the term. In the paper presentation on turning from child to woman, Cotton and Wager (1987), dance therapists who work with adolescents, write:

> The body image is the conceptualization of the body structure and functions that grows out of the awareness of one's body and self in intended action. The internally generated biological changes simultaneously create a need for constant adjustment of body image; body size, shape and balance change. Body image is created by all the experiences at the body level. These experiences contribute to one's general sense and image of one's body self which gets projected outward. (p.51)

Moreover, Cotton and Wager have observed that the generalized composite image takes longer to change (consolidate) than changes in the actual physical self (Cotton and Wager, 1987).

Self. The field of "self" in therapy is vast. Research on "self" addresses self-esteem, self-concept, self-image, and self-schema (Cumming, 1988; Sims, 1988). Self issues for adolescents (Cotton & Wager, 1987) include identity, identification, sexuality, and boundaries. Evan's work emphasized that the changing sense of self and body image should be moved, not talked (Rifkin-Gainer et al, 1984). According to Bernstein (1986a) and Jack (1987), the emotionally significant other in our lives influence the development of the self. The phenomenological approach goes further in terms of influence and understands the inherent co-constitutional nature of self and other. Bernstein and Avstreih (1984) emphasize the role of the movement therapist as the "good enough" interactional or moving-mother figure in psychoanalytic and Jungian movement therapy. For example, does the mother respond to the bodily shape-flow of the child while she holds the child, or does the therapist attend to the breathing pattern of the child/adult client? Does the therapist know when and how to hold the client and when to give distance?

Both Kestenberg (1975) and Piaget (1930) emphasized that children explore their surroundings through their senses and actions and that these behaviours influence the development of a sense of self or identity. Bodily experiences are interwoven with the behaviours that the child does. Developing an awareness of "me and not me" is important and such an awareness comes at least in part from knowing what is confined within the skin, ("me") and what is outside of the skin ("not me") (Bernstein, 1984a; Mahler, Pine, & Bergman, 1975; Schilder, 1950; Werner, 1957).

Dance. Research in dance, by a natural science paradigm, usually addresses questions like "did dance increase the social skills of the rehabilitation group (wheel chair dancing)," or "did dance improve class attitude in a high school physical education program," or "what type of dance was preferred by the dance classes in a physical education program." These questions have some advantage over more anecdotal reports such as given by Schmitz (1991). In contrast to evaluative questions is a phenomenological book which directly addresses the experience of dance (Sheets-Johnstone, 1979). It avoids many of the practical questions and focuses on descriptions of dance-performance experience. The book can be appreciated for its own elaborate descriptions, but probably is of little direct value to the understanding of dance therapy experience. Other research about dance comes from anthropology and includes descriptions of cultural dances, rituals and style (Bartenieff & Lewis, 1980; Levy, 1988). Anthropological research is rich in details about shamanism, national dances and healing ceremonies which include trance dances. Dance therapy can learn much from these varied cultural expressions. Dance therapists aim to develop a sensitivity to body language and dance customs of many countries and to match these aspects of culture with the needs of their clients (Hanna, 1980). Incorporating these movements in a significant way can be partially accomplished by means of folk dance or other traditional dances in the culture of the client. Therapy would go beyond the dance and into the meanings that arose for the clients.

Movement Analysis. Qualitative descriptions of movement and notation for recording movements are quite extensive (Benesh & Benesh, 1956; Eschol, 1971; Eschol et al, 1970; Eschol & Wachmann, 1958; Laban & Lawrence, 1974; Laban, 1960). One unpublished study, (Matis, 1987) indicated that there was a significant difference between observers who had been trained in effort/shape variables and observers who had not with regard to their ability to chart and rate the movement qualities seen in movers. The study concluded that training in effort/shape makes a difference to the accuracy of what is seen and charted. Those trained gave reliable results compared to those who had not been trained. This finding raised doubts about the reliability of untrained raters and supported the value of training in effort/shape language. Video-tapes were used and raters were compared on a number of movement sequences which demonstrated clear efforts as performed by a dancer. Trained raters had high reliability. This would suggest that dance therapists would likely benefit from training in effort/shape if they are to use it with more sensitivity and accuracy (Matis, 1987).

Effort/shape notation is a method for the systematic description of observable qualitative changes in movement "in terms of kinetic energy (effort) within spatial structure (shape)" (White, 1974, p. 34). There are four basic efforts in the language of effort/shape: (a) flow, (b) space, (c) weight, and (d) time. They each have two opposing effort elements or polarities. The resulting eight elements are: (a) bound flow, (b) free flow, (c) direct space, (d) indirect space, (e) strength, (f) lightness, (g) quickness, and (h) sustainment (Dell, 1977). Efforts are defined as the ways in which the mover concentrates her inner exertions as she qualitatively changes her attitude toward the flow of muscular tension, focus in space, weight, and time (Dell, 1977). This method of qualitative description has entered the natural science realm (quantitative ratings) by showing high reliability for movement analyzers (raters) trained in this rating system (Davis & Hadiks, 1987; Matis, 1987). Davis and Hadiks (1987) studied the way that Laban analysis can be applied with reliability to psychotherapy. In movement therapy, movement analysis is commonly used as a practical movement language in which there is usually no need to put the descriptions into a quantitative form.

Creativity in Dance/Movement Therapy. The history and value of creativity in relation to psychology and artistic endeavors has been considered in a scholarly manner by Arieti (1978) and Arnheim (1974; 1972), but little research has been rigorously conducted into creativity within dance/movement therapy. Arnheim in particular has demonstrated how the disciplines of psychology, art history, aesthetics, and the arts in education, together with the studio and performing arts, can be combined in theoretical studies (Arnheim, 1974, 1972; McNiff, 1987). The artful approach in therapy would theoretically appear appropriate for some aspects of human psyche and social development (Lavender, 1992, Levy, 1988).

Creative dance emphasizes a multitude of ways to express body movements in dance. Creative dance often uses all the sensory modalities through the addition of music, visual props, costumes, and dance. Drama can and does enter into dance; dance in turn enters drama (Johnson, 1990, Levy, 1988). Art can be integrated with dance therapy

(Cohen, 1983). Although creativity does come into many dance therapy sessions, more research needs to be done on how and when creativity can be developed or enhanced through dance therapy. Mettler (1990) states:

> Art serves no purpose other than providing joy in the creative work itself. "Joy" in creative work. This is the meaning of aesthetic experience, and we must make a distinction between aesthetic and utilitarian. Therapy has a utilitarian goal. Art, although it may indirectly serve some useful purpose, has the primary goal of providing aesthetic experience. (p. 96)

It could be argued that this perspective is too dichotomous; whereas the participants may experience creativity as an integral part of their therapeutic experience. It is possible that "joy" is the therapy at some point. It could be argued that creative movement experiences construct what is of value.

Expressiveness in Dance/Movement Therapy.

Expressiveness is an inherent component of the participants' movements in dance/movement therapy. Expressiveness could be perceived in a range of possibilities from grandiose or exaggerated to minimal or suppressed. How is expressiveness a part of the movement and dance aspects of dance/movement therapy? Individuals, within the framework of the guidance of a therapist, are encouraged to walk, talk, sound, move, and dance in ways that promote a variety of expressions. The participant may be encouraged to explore a range of efforts and either exaggerate an embodied expression or possibly feel what it might be like to minimize the embodied feeling, whatever it meant to them.

Expressiveness can be through words, images, and the physical body. Verbal expressiveness, as distinguished from receptivity, is studied in psychology as an aspect of the person's language abilities (Bush & Waugh, 1982). There are large variations in verbal ability to express and to receive messages from others verbally. In cases of certain brain abnormalities, clients sometimes report frustration and other emotions when they experience difficulties making messages clear to others or understanding what has been said to them. Berrol (1992) notes: "the frontal lobe dysfunction will be evident in both the affective and cognitive domains" (p. 22). Berrol (1992) also explains the interaction of the brain as a collective and the neural interplay between motion and emotion.

Creative thinking has been shown as a valuable way of helping resolve problems. How can people enhance their creative thinking in movement therapy? Creative expression is the subject of "right and left brain" books which talk about the different ways that the brain influences our expressive output in drawings (Edwards, 1979). There are many studies dealing with the therapeutic effect of play, drama, and psychodrama, all of which can be part of dance therapy (Levy, 1988). Play, drama and dance allow for a physical, whole-body manifestation of expressiveness, as opposed to the dominantly verbal participation of left brain logical thinking. For obsessive thinkers and personality disorders, such approaches offer a way to shift from repetitive patterns of thinking through movement/body changes.

Types of Dance/Movement Therapy

The particular type of dance/movement therapy employed influences the experience of the clients. For example, if ballet is introduced in psychoanalytic movement therapy (Siegel, 1984), the rationale behind this choice of intervention might be that balletic form has an external movement structure which could benefit a particular individual. Experiential movement psychotherapy (Dosamantes-Alperson, 1984) leans more towards the view that the client may organically claim a natural form through his/her movements and that such an experience could also be creative, healing, and integrating.

Some types of dance/movement therapies are suited to clients for very specific reasons. In the previous example, the ballet experience could add discipline, structure and form which might act as the initial means to increasing self-esteem or body assertiveness. Ballet may be perceived as "graceful" or "classic" by some clients. In these cases, even before therapy began, there was an attraction to ballet form which suggests that the clients positively identified with it for personal reasons that could be explored in therapy. Many movement psychotherapists emphasize the development of internal impulse awareness and self-other awareness. Experiential movement therapy may not be meant to promote an external form or preconceived style such as represented by ballet or one of the modern dance forms. Both structured and internal or organic movement approaches can be useful according to anecdotal reports from various movement therapists, but not all therapists would feel comfortable using both styles.

Dance/movement therapy developed from dance, although it had diverse origins. It began on both the east and the west coasts of the U.S.A. with some communication lag, but eventually communication/interaction between the eastern and western groups occurred and support for movement therapists evolved (Levy, 1988). Partially because of this beginning, movement therapists have diverse approaches to how movement therapy should manifest itself. Another contributing factor is the dance background of the therapist, which may be in jazz, creative, improvisational, ballet, modern, folk, and/or national. In addition to the differences in dance training, psychological and psychiatric training influences vary considerably. They depend on the educational and institutional training of the therapists, as well as the types of problems presented by clients, which in turn influence the experience and development of the therapists.

Specialization needs to occur in dance therapy, due to the great variety of therapeutic needs. Not all clients will be served by all dance therapists in the same way. Depending on the therapist's training and background in dance and therapy, the therapists could meet the needs of certain clients and refer others to therapists who specialize in other areas, similarly to other professionals. Therapists will attract different clients with a variety of needs, which might not be met by any one therapist and yet might be met by another trained quite differently. A match between client, therapist, and type of treatment can be considered in most treatment assessments in the 90's.

Due to the manifold beginnings of movement therapy, it is not surprising that the types of movement therapy are founded on quite a variety of beliefs, techniques, and approaches. The following are a few of the major approaches.

Psychoanalytic Movement Therapy. Types of psychoanalytical movement therapy include those based on Freudian, Neo-Freudian and Jungian approaches. Movement therapists who have written about psychoanalytic movement therapy, include Siegel (1984), Bernstein (1984a), Chodorow (1991), and Dosamantes-Alperson (1986). Siegel's book (1984) gives a detailed, practical, and theoretical account of her model of psychoanalytic therapy. Bernstein's books explain the use of Jungian principles in movement therapy (Bernstein, 1986a, 1984a), and physical manifestations of counter-transference, a psychoanalytic term, is discussed by Dosamantes-Alperson (1986) and Bernstein (1984b). In my phenomenologically oriented movement therapy, I employ psychoanalytical movement therapy where it arises from the movement/psychological needs of the participants.

Another concept in psychoanalytic movement therapy is "object relations" (Bernstein, 1984a), a Freudian concept extensively developed by neo-Freudians and developmental therapists. In movement therapy attentiveness to object relations might involve increased awareness about the self in relation to the other, whether it be the therapist, client, or other group members. Development of self-other awareness plays an important role in establishing new and often corrective relationship patterns for those clients who may have never established a bodily known, self-other boundary. Given the lack of awareness of and appreciation for boundaries, relationship problems frequently appear in therapy.

Bernstein employs techniques from Gestalt therapy, for example, the use of symbolism within a Gestalt movement therapy approach (Bernstein, 1986c). Symbolism has been inherent in art throughout the ages, but its use in expressive therapies is now increasing with research into how imagery works and how it relates to our cognitive and emotional processes.

Siegel (1984) describes her model of psychoanalytical movement therapy as a primary in-depth treatment. She addresses a concern for recreating the harmonious whole of the psyche and soma by extending help toward more adequate physical functioning and through building a better body image. Siegel sees an acceptance of catharsis as part of the process of regression toward the fixation point (a Freudian term meaning a place in the developmental stages that a client continues to return to under stress). Siegel believes that insights for the therapist, the client, or both, are gained by observing the client's movements. Preferred patterns of movement are integrated into the sessions as a starting point for specifically choreographed dances and individually designed exercises. Siegel encourages improvisation as a steppingstone towards autonomous functioning (Siegel, 1984). Improvising is understood to be closely related to free association in psychoanalysis (Siegel, 1984). The main criticism of this type of therapy is that it might lead the therapist to look for certain movement patterns and interpret them, rather than encouraging the therapist to remain open to the wide variety of fresh individual possibilities. Individuals and their movements could be lost in the theoretical constructs.

Experiential Movement Therapy. Dosamantes-Alperson (1984) defined experiential movement therapy as a very specific approach with a described style and methodology. Others such as Chace (Chaiklin, 1975) and Meyer (1985) use an experientially-based format, though it differs from the structure outlined by Dosamantes-Alperson (1984; 1986). These experiential approaches value dance and movement as a means of primary intervention and as core to their form of treatments. For example, individuals or group would dance in order to establish actual, lived-experiences. Sometimes these new dance experiences would create new histories, grounded in a living, moving, embodied self, from which to draw new ideas about the self and others. The term "authentic movement" needs to be defined in context, as it does not have the same meaning for all movement therapists. Dosamantes-Alperson defined authentic movement technique to mean spontaneous, self-initiated movement in the presence of a "witness." Two types of authentic body movement are used: the first is active-interactional movement and the second is receptive-intrapersonal movement (Dosamantes-Alperson, 1979). Active-interactional movement concerns those movements when the client is conscious, quiet, and moving with eyes open. The client relates, through movement, to actual objects. Dosamantes-Alperson believes that this type of movement can help clients perceive emotional patterns they establish with others in their immediate environment. The term receptive-intrapersonal movements refers to movements that occur when clients are in a pre-conscious state moving with their eyes closed. In this condition, the movements can relate to their internal experience. As well, they can identify with their internal experience by moving in relation to their awareness (Dosamantes-Alperson, 1983). Dosamantes-Alperson "has coined the term 'kinesthetic images' to refer to the feelings or sensations and the term 'kinetic images' to refer to those images clients generate from their spontaneous body movement or which occur concurrently with their body movement" (Dosamantes-Alperson, 1983, p. 271). I find these terms, ideas, and approaches useful with many of my clients.

The process is the focus of experientially-centred movement psychotherapy. It proceeds in a zigzag manner, moving back and forth between the client's pre-verbal and verbal experience (Dosamantes-Alperson, 1980). In this approach, the clients theoretically learn to transform their bodily-felt experience to images and thoughts. The verbal feedback they obtain when sharing their implicit experiences with others in turn, helps to generate new bodily-felt relationships (Dosamantes-Alperson, 1980). In my work in phenomenologically oriented movement therapy, I find Dosamantes-Alperson's zigzag format helpful and therapeutic for participants.

Humanistic Movement Therapy. Espenak (1981) and Hawkins (Levy, 1988) represent humanistic approaches. Espenak was influenced by both her dance background and Adlerian humanistic psychology while developing her form of dance/movement therapy. While teaching at U.C.L.A. Hawkins "sought to increase her understanding of the nature of the creative process and the fully-functioning person through the writings of and personal study with people such as Edmund Jacobson (relaxation), Roberta Ornstein (modes of consciousness), and Eugene Gendlin (inner sensing)" (Levy, 1988, p. 91).

Within humanistic therapies, an existential approach is composed of both attitude and existence itself. Alfred Alder, with whom Espenak studied (Levy, 1988), emphasized the potential of the human being, as did Espenak (1981). Humanistic therapies acknowledge themes of life and death, hate and love, or, in humanistic movement therapy, experiences of imbalance and balance, heavy and limp, light and strong, sad and happy, being together and separate, etc.

Footnote: Words in *italics* are found in the Appendix G.

When movement therapy has an existential attitude, it leads the therapist away from the direct interpretations which often accompany the more traditional psychotherapies, such as psychoanalytical movement therapy. The emphasis is on a relationship, even though projection, transference, and countertransference might be considered within the relationship. For example, the therapist might ask "how does it feel to dance the role, 'death' or 'life', or "what qualities of movement express 'despair'?" When does the participant feel her body's movements? When does she experience a sense of disembodiment or embodiment? What variations occur in the experience of disembodiment? The humanistic dance therapist listens carefully and chooses words and movements thoughtfully. She observes the client's and the therapist's own movements, and moves with a client centred attitude in her own body. The therapist uses somatic empathy and physiognomic cues in her own body to respond in a manner that intuitively and/or logically feels truthful to the therapeutic intent or appropriate at that moment. In my phenomenologically oriented movement therapy I align my work most closely with this humanistic approach.

Chacian Movement Therapy. Chacian movement therapy values a relational attitude with respect for the movement interaction between client and therapist. This attitude contained humanistic values, but was based predominantly on a non-verbal relationship with these clients. Chace is famous for her pioneer work within a psychiatric institution, primarily with schizophrenic patients in the hospital context. An example of her work would consist of her joining the psychiatric patients in the ward lounge area, gradually connecting with them through movements and words, and then getting a circle formation gathered together while picking up the emotional tone and quality of movements as seen by her. Her work in dance therapy addressed the movements and expressions more than the theories. Her writings indicated that she learned much about group process from other disciplines within the hospital. During my work with groups, I have discovered that the Chacian movement therapy work presents a very effective introduction to group movement therapy.

Body-Ego Movement Therapy. Body-ego movement therapy is focused on building the developmental aspects of ego (self) through bodily experiences. It was initially described by Salkin (1973) in Body Ego Technique, but many movement therapists include the idea of "body-ego" within their writings and most include this concept in their therapy (Bernstein, 1986a,b; Levy, 1988).

Body ego technique is a predominantly nonverbal educational method that concentrates on learning and experiencing a variety of goal-directed physical movement patterns. Growth of the ego is the primary focus. This is facilitated through non-verbal techniques such as imitation, a means which is very effective with small children. Live piano accompaniment is often important in this work. A warm-up might consist of rhythmically touching and moving isolated body parts, such as "Touch your head, head, head, head, touch your shoulders" (Salkin, 1973), etc. Therapists who use these techniques are aiming to teach and to have their clients experience their body images through movement experiences. They gear their work to the developmental level of the clients, often within a class format.

The principle of body-ego movement therapy is based on the belief that even the simplest movement involves a complex series of physiological and psychological components that are integrated outside of mental awareness. It is this aspect of physiological functioning that allows us to use our limbs and bodies as the instruments of our desires. It can be recognized that "the faculties involved in mental concentration and will would otherwise be hopelessly mired in the welter of ongoing physiological functions necessary for movement and life" (Salkin, 1973, p. xii). This approach does not place as much emphasis on authentic movement, cognitive thinking or insight through interpretation, rather, it relies on experiences and skill developed through imitation and modelling. I tend to use this approach with very young children and, sometimes, with emotionally disturbed adolescents.

Authentic Movement. Adler (1991), Whitehouse (1968), Evan (Rifkin-Gainer, 1984), Avstreih (1981,1984, 1987) and Levy (1988) have talked about authentic movement in movement therapy. Although Evan approached the concept within movement therapy quite differently than Whitehouse or Avstreih, the basic concept of searching for natural movement expression, through the expressive, moving, embodied person, seems to be a common concern and emphasis. Pioneers such as Larson, Wigman's counterpart, referred to Wigman's work as "Natural Dance" (Levy, 1988). Evan, who was influenced greatly by Larson, became concerned about the restrictions of a "neurotic society" on the individual's movement and personal development. In her sessions, Evan would put on music and verbally push people to dance and move in ways that expressed feeling to them, and to drop their everyday facade. In contrast, Adler (1991), Whitehouse (1968) and Avstreih (1981,1987) focused on the healing elements manifested through attending to one's own bodily cues or kinesthetic messages, called authentic movement, and done in the presence of a witness. Individuals were encouraged to move with their eyes shut and to let their own organic impulses lead their movements. I employ this approach with higher functioning adolescents and adults who want to get in touch with their inner impulses to move and who already have substantial ego development.

In **summary**, the theoretical framework taken by the therapist dictates the therapeutic emphasis applied, and ultimately, effects the movement therapy experiences of participants.

In addition to the theoretical differences in movement therapy, there are also difference in number and variety of skills or interventions which the therapist can draw upon as needed. Some of these additional skills are included in the body-mind therapies, body therapies, and kinesiology. These techniques will be discussed in the following paragraphs.

Variety of Body Therapies As Related to Movement Therapy

Body/Mind Therapies Integrated with Movement Therapy.

Movement therapists and somatic psychotherapists, similar to myself, frequently draw their interventions from a variety of body/mind approaches (Campbell, 1989; Chopra, 1989; Jacobs, 1987). Some of the body therapy techniques and theories are now learned within the dance therapy training program, so that it is not necessary to go for further training except to augment the level of competence. Not all movement therapists use additional techniques, as the dance therapy training in itself can be sufficient. However, many therapists do supplement their training or do come into movement therapy having already been exposed to other body/mind therapies. Integration becomes a key element. How does the therapist know when to use what movement approach? Usually the effort/shape training and the theoretical framework can aid in a judgement call and the decisive choice.

Special training is needed for all of the body-mind therapies. Bioenergetics, body-centred psychotherapy, cranial therapy, neurolinguistic programming, process-oriented therapy, focusing, breath techniques, yoga, and hypnotherapy all have unique and important aspects to contribute to movement therapists. Bioenergetic therapy, founded by Alexander Lowen (1967, 1975), a disciple of Whilhelm Reich, recognizes body metaphor and postural structuring of the body defense. Body-centred psychotherapy (Kurtz, 1981, 1990) works with the receptive and aggressive aspects of self and the bodily manifestations of personality. I find all of these ideas and movement approaches useful in selected situations and with some participants.

Cranio-sacrum therapy focuses on the vital cranio-sacrum rhythm in the body. It includes soft tissue manipulation to bring about myofascial tissue release and work with the cerebrospinal fluid of the skull and the spine using a hands on approach (Upledger, 1986). With clients who have had whip-lash from car accidents, or clients who have hit their heads from falls or other circumstances, I find the use of cranio-sacrum therapy enhances the movement therapy.

Neurolinguistic programming (NLP) can be employed to anchor kinesthetic experiences (or other *sensory modes* of perception, such as auditory or visual) when use of touch or movement is appropriate (Grinder & Bandler, 1982; O'Connor & Seymour, 1990) . Using multiple communication skills, relating to body and mind functioning, the therapist can use the information found within the sensory modalities for results in a more systematic process of integration.

The concepts of process-oriented therapy (Mindell, 1985) overlap tremendously with the movement therapist's work (Jacobs, 1987). Breath techniques (Rama et al., 1981) can be helpful, although some movement therapists have promoted the idea that movement itself can be used to change the breath indirectly, so that movement could precede the work with breath rather than focusing on breath and working towards a resultant body/movement change (Deihl, 1980). Going directly to the breath is often helpful during relaxation but not necessarily when other dynamics are being expressed, since conscious effort may be distracted to breath and away from spontaneous emotional expression. Yoga exercises and meditations can provide other tools sometimes used when it is applicable to the movement needs of the client (Kreuger & Schofield, 1986). I have found all of these approaches helpful when working with issues of relaxation and body awareness.

Body Therapies Integrated with Movement Therapy. Although physical hands on approaches and educational kinesiology may be used by dance/movement therapists, body therapies, on their own, do not generally focus on psychological elements. Their intent is to bring about or facilitate body change, which may or may not lead to psychological change in the form of insight or long term behavioural change. Some well known body work therapies are: Rolfing, Feldenkrais, Alexander, Trager Therapy, Therapeutic Touch, and Therapeutic Massage. Today many body work teachers have continued their education to study psychotherapy and psychology or movement therapy, in addition to their body work and physiological training, in order to address the psychological problems expressed by their clients. They do not want to pretend to split the mind/body by therapeutic technique.

Kinesiological Applications in Dance Therapy. Having a well rounded knowledge and background in kinesiology is an advantage to any movement therapist. She needs to know what to observe and how to direct or orchestrate movement therapy sessions which promote a well-functioning body that assists health in a person. In movement therapy, it is important to recognize that functioning well can assist body form-building (Todd, 1937); while a body-form, functioning well, can assist a person's performance. For example, a person experiencing the ability to enjoy life's emotional expressions then becomes "the function" that influences the "form" her life can take.

Kinesiology involves the study of the movement of the joints, but ideokinesiology uses images that affect the messages from the nerves to the joints (Bernard, 1981; Sweigard, 1974; Todd, 1937). Ideokinesiology involves ideas or images which affect the nerves which in turn affect the joints and then the muscles. Correct images lead the person's body towards a more appropriate or better alignment. The mind visual images are thought to be functionally appropriate if they release the muscles and allow the alignment to re-adjust (Bernard, 1981; Dowd, 1981; Sweigard, 1974). Theoretically, the nerves respond to the images and the brain sends out messages to the joints which in turn affect the muscles (Bernard, 1981).

Imagery as a tool for body change was researched by Sweigard (1974) with regard to scoliosis of the spine. Imagery use, as she explains very specifically with regard to scoliosis, results in a measurable change to body height using pre-post measurements with a control group and a treatment group. In this particular work, she suggests the use of ideokinesiology, involving clothing images and other images which, with the initial assistance of kinesthetic cues, affect the nerves which in turn affect the muscles.

The proper functioning of the skeleton was recognized as important to the form that the body manifested (Barker, 1978; Bartenieff & Lewis, 1980; Feldenkrais, 1977; Todd, 1937; Sweigard, 1974). In general, to know how the body functions in a relatively normal person helps the therapist to look for physical health or signs of physical symptoms, such as flaccid muscle tone, misalignment of the skeletal system, problems in breathing, and gestures that are non-congruent with the posture or words spoken.

The use of imagery has been well researched by many psychologists, movement therapists and kinesiologists. For more ways to use imagery in movement therapy see Dosamantes-Alperson, (1974, 1981, 1984) and Dosamantes-Alperson and Merill, (1980).

Evaluation of Movement Therapy

Strengths of Movement Therapy. Movement therapy has probably progressed this far because of the special talents and the dedication of many dance/movement therapists and the enthusiastic response of clients (Levy, 1988). It is a wide field where many diverse topics in research are beginning to be published. Movement therapy has its roots in dance,

dance training, and the education of body awareness, which can give the therapist additional perceptions in the kinesthetic sensory modality. Somatic empathy, called body counter-transference, adds another dimension to the concept of verbal psychotherapy counter-transference (Bernstein, 1984c).

Movement therapy is innovative. Being body/ mind-oriented rather than mind-oriented is unusual to some people. However, this connotation could be considered a complement to the more holistic approach to the person. If it means simply that the therapist uses body and movement metaphors, addresses the needs of her clients in conventional and/or non-conventional ways, and is not an "established theorist" (behaviourist, psychoanalyst), then perhaps being innovative can lead to new frontiers. Movement therapy addresses areas that some therapies may not consider important.

Weaknesses of Movement Therapy. In the eyes of some of the medical or psychological professions, movement therapy is occasionally misunderstood as a limited specialty by individuals who may have been initially introduced to it at the "level of an adjunctive therapy," or as "more applicable to autistic or schizophrenic populations." Movement therapy can be an adjunctive therapy, but it is often a primary therapy (Bernstein, 1986a; Leventhal,1980; Levy, 1988; Siegel, 1984). A few of the earliest publications limited their scope to institutionalized populations such as people with autism or schizophrenia. In the 90's, the range of populations addressed by dance/movement therapy is wide. Therefore, movement therapy itself is broadening and will broaden even more to meet the need of diverse populations.

The criticisms of "being esoteric or peripheral" needs to be addressed. I believe movement therapy has much to offer people. In this researcher's readings, the quality of the training, the movement observational skills, and interventions of movement therapists suggest that approaches by dance/movement therapists are therapeutically varied and rich. Dance therapy is used as both a primary and an adjunctive therapy. Some aspects of movement therapy related to academic studies of movement might be considered "esoteric" because they relate to very a specialized area of studies.

Does movement therapy cause harm? Movement therapists are trained to be sensitive to the needs and emotions/physical states of their clients. Although some psychoanalysts have argued that focusing on body/movement issues could fixate that client at a problematic level of development, Siegel (1984), in her extensive work as a movement psychoanalyst, argues that this does not appear to be the case. In general, the reports from numerous dance/movement therapists suggest that their therapeutic interactions have been reported as helpful by many clients. At worst, Siegel (1984) noted that movements of the body, according to psychoanalytic theory, should not be acknowledged directly for fear of fixating on this behaviour. However, she has argued through case studies that this is not the situation in her practice of psychoanalytic movement therapy. It is crucial to address this concern if movement therapy is to be accepted by more traditional professionals. More research must be done with a wide variety of clients and detailed examples.

Theories of therapy have diverse perspectives. Many research critics of therapies allow for healthy differences of opinion and many therapeutic approaches have been compared by natural science research. The results suggest that all therapies can help, but there are no significant differences in the result: that is, in treatment, one third get better; with no treatment, one third get better; and one third do not undergo any recorded change (Eysenck, 1981). More recent research is making it increasingly difficult to maintain faith in the incremental effectiveness of existing therapies. Luborsky, Singer, and Luborsky (1975) reviewed "well-controlled" therapy outcome research and concluded that existing therapies are comparable in effectiveness. Criticisms of differing therapeutic approaches encourages questions which furthers research, but at the present time, studies have not yielded definitive advantages with respect to therapeutic method.

There is little empirical research to support the global concept of movement therapy, but there is much supportive data from case studies, anecdotal writings, and on some of the elements of movement therapy, such as body image changes (Franklin, 1979; Wooley & Kearney-Cooke, 1986), self-esteem changes (Raskin, 1983), or movement profile changes (Hammond-Meiers, 1986). On the other hand, no empirical data supports a negative perception of movement therapy; but it would be constructive to attempt a better understanding of what movement therapy and what it has or does not have to offer.

Natural Science Research Approach to Movement Therapy

Introduction. Natural science paradigms seek theories, empirical observations, experimental research, and evaluations of programs.

Theoretical developments. Notably, most psychological theories did not incorporate movement and dance as part of their therapeutic interventions. Theoretical constructs, applied by movement therapists with a developmental framework, were represented by several developmental theorists (Ivey, 1986; Kegan, 1982; Lee and Noam, 1983; Samuels, 1986). Other movement therapists considered the armour of the muscular structure and adopted the work of bioenergetic theorists (Lowen, 1967, 1971, 1975; Reich, 1949, 1961). The actual involvement of the therapist in movement expression or body awareness changes the therapeutic nature and affects the applicability of verbal-oriented theory. Movement therapists such as Chace (Chaiklin, 1975) may have known psychodynamic theory, but their work developed within the context of the actual movements demonstrated by their psychiatric patients. The movement context during the therapeutic co-constituted environment makes changes in the kinds of interactions accessed during movement therapy, as compared to more traditional verbal therapy. Even though the movement therapist may acknowledge the use of a particular psychological theory, the movement sessions show some similarities and some deviations from the way in which the initial theory was primarily conceptualized in verbal psychotherapies, simply because there are more variations of movement experiences than those found while sitting in a chair, lying on a couch (Bernstein, 1986a; Chaiklin, 1975; Siegel, 1984), or in body-oriented therapies (Lowen, 1967, 1971, 1975).

Developmental Theories. The importance of body movement to language development and communication is linked to both body development, gesture language, and word language (Bernstein, 1986b; Mitchell, 1990). Learning theorists and developmental therapists have researched language development. Psychologists concerned with human cognitive development agree that the action-based schemata in infancy gradually evolve to include mental images and word concepts (Kegan, 1982; Piaget, 1930; Schilder, 1950, 1964; Werner, 1957; Werner & Kaplan, 1964). Singer and Pope (1978) suggest reasons to reject cognitive development lexical (verbal) mode as superior to or as supplanting enactive (movement-related) and image *modes*, and argue that all three *modes* of representation experience are of equal value. From this perspective, movements or words can be of equal importance in cognitive development.

Psychoanalysis describes a theory of maturational evolution which includes psycho-sexual phases, object relations, and physical maturation. Rather than emphasize the psycho-sexual development, object relation theorist have turned to how a person learns self and other. The term "object relationship" refers to how a person, child, or adult relates to people in terms of emotional attachment, and considers issues related to one's ability to interact in socialized and/or psychologically healthy ways (Fibel Marcus, 1987). "Each of the various developmental and maturational phases carries with it a general set of movement and muscular patterns, indicating levels of object relationships which, in turn, can alert the therapist toward what to expect in the ongoing treatment situations" (Siegel, 1984, p. 31).

From the psychoanalytical framework which recognizes the concepts referred to in the last paragraph, Siegel (1984) gives the following example:

> Once the therapist recognizes the expression of the "oral" level of behaviour from the client, she must prepare herself to accept the clinging anxious behaviour of such individuals and become the strong mother who literally teaches the toddler-patient, possibly of mature years, to locomote with less effort and to use the body in a fashion more appropriate to adult behaviour. Such a client would most likely be psychotic and need a "real object," as opposed to the neurotic who is expected to use the therapist as a transference object only. (p. 32)

The above psychoanalytic terminology may be as offensive to some humanistic readers as it is to many people who have been labelled by such terms as neurotic and psychotic. Labelling in such a fashion tends to be a hierarchial way of viewing people in terms of mental wellness or disease.

An Empirical Approach: Jungian Movement Therapy Theory. It was from Jung's direct experience that Jung formulated the idea of the personal unconscious and the theory of complexes (O'Connor, 1985). O'Connor (1985) notes: "Jung considered himself an empiricist, a person who deals with and discovers facts, rather than a theoretician" (p. 31). In this respect Jung would not agree with the term "Jungian theory." Jungian movement therapy presently involves the concepts of archetype, mandala, active imagination, and complexes while allowing for movement and dance expression of these images and concepts.

Jungian movement therapists encourage ownership of bodily movements and actions: "I am doing this to my body; I am paining my body; I am bettering my body; I am tensing my body." The therapists encourage the clients to embody their sense of doing and thereby the responsibility for what is being done.

Archetypes have shown themselves in the case studies of movement therapy clients, especially if the movement therapist has had training in Jungian analysis. With regards to people-potentials, O'Connor (1985) suggests that not all people reach the active-imagination stage of development. Through active-imagination, the clients can write out or dance an imagined dialogue using the symbols within the dream, pictures, or manifestations in various body symptoms (Mindell, 1985).

In the work of movement therapists (Bernstein, 1984a, 1986a; Levy, 1988), clients have drawn images that come out of visions or images that occur during the movements. The movements can lead to images, which then lead to words. Two of the most commonly experienced archetypes are called anima and animus. These are female and male aspects of self (Jung, 1957). Emma Jung states that Carl Jung understood "these figures to be function complexes behaving in ways compensatory to the outer personality, that is, behaving as if they were inner personalities and exhibiting the characteristics which are lacking in the outer, and manifest, conscious personality" (Jung, 1957, p. 1). Several authors who have incorporated, discussed, and developed these ideas further are Hillman (1982), Bernstein (1984c), Edinger (1990), Connor (1986, 1985), and Birkhauser-Oeri (1988).

A Jungian perspective is one way for a movement therapist to have a basis of theoretical meaning to movement interventions and interpretations. From a Jungian perspective, the self is the archetypical symbol of wholeness or the unification of opposites in dynamic balance. Jungian movement therapists conceptualized the self-archetypal symbol as body/mind/spirit wholeness.

In summary, Jungian Movement Therapy attempts to further Jung's active imagination by having the client move the images or find the images from movement. This is not so different from Experimental Movement Psychotherapy except the language framework of the movement therapist work incorporates Jungian terminology, such as complexes, function and mandalas.

Experimental Approaches of Natural Science

There is no experimental data to substantiate movement therapy directly nor to compare one form of movement therapy effectiveness to another. The natural scientists paradigm have attempted to study elements related to certain populations, but there is no natural science data which is directed at the whole movement therapy experience. One element of movement therapy that has had some natural science study is body image. It is an important element of dance therapy with some positive clinical or therapeutic results. A natural science collection of studies of body image was reviewed by Fisher and Cleveland (1968). More recently, research has ranged from measuring body size estimation in anorexia nervosa (Whitehouse, Freeman & Annadale, 1988; Buree, Papageorgis, & Solyom, 1984) to measuring body shape dissatisfaction in schoolchildren (Salmons, Vewis, Rogers, Gatherer, & Booth 1988). Research has served to clarify myths about body size over-estimation in anorexia. Anorexics do not differ from controls on this variable (Whitehouse et al., 1988).

Salmons et al.'s study showed that 11 to 13 year old boys and girls shared concern about the shape of their stomachs. A differential female interest in the size of the upper leg seemed evident even at this age. By 16 and over, the sexes had quite distinct constructs of the different body parts. The girls had the concept of a slim figure, although this did not constitute the main part of satisfaction with the shape of the whole body, nor with difficulty in keeping weight down. The boys had no unifying concern with sizes of body parts, except with respect to fear of being overweight (Salmons et al., 1988).

Franklin (1979) studied the effects of movement therapy on the body image of the mentally retarded population. The purpose of the study was to compare the change on selected measures of body image of twenty-two trainable, mentally challenged teenagers (mean age 15 years, 10 months) following a ten week program of either movement therapy or physical education. Pre-post tests were given: 1) Cratty and Sams Body Image Screening Test and 2) Draw-A-Person test by Machover. The Body Image Test showed significantly greater improvement in the movement therapy group than the physical education group, while there was no significant difference using Draw-A-Person. Overall, the results supported a positive effect on improving the body image of the trainable retarded youth by the use of movement therapy.

In movement therapy research on eating disorders, experimental designs were employed in the study of body image (Raskin, 1983; Wooley & Kearney-Cooke, 1986). Raskin's study concentrated on self-esteem and depression change with bulimic clients, although the researcher stated that she initially wanted to focus on body image (Raskin, personal communication, 1983). The psychological tests used by the researcher did not measure body image directly, so self-esteem was measured instead. The study did address body image by what Raskin observed and heard in the sessions more than by the empirical psychological tests. Raskin found significant differences (favourable to the therapeutic intent, increased self-esteem and lowering of depression) on The Index of Self-Esteem (ISE) and on The Generalized Contentment Scale (SCS) based on pre-post results for five subjects.

Body image, as studied by Wooley and Kearney-Cooke (1986), measured drawings of liked and disliked parts of the body as coloured on pre-post human figures. This technique proved useful to measure pre-post testings about percentage of liked to less liked to disliked parts. As well, the tool was reported to be helpful for direct feedback to clients about their feelings towards their body.

In citing an example of a quiet woman who, according to Christup's time-sample measurements, participated little, Chace [a pioneer movement therapist] demanded: "How do you rate a smile; how can you rate the reaching out of hands to a trusted person for a few minutes at a time?" (Christup, 1978, p.153). Both Christup and Chace were aware of the difficulties of measuring these empathic responses in movement therapy because such responses are compounded by the ephemeral, fleeting quality of the medium (Christup, 1978). Chace realized that her own efforts to describe movement therapy's effects shifted to verbal areas which were not central to the basic process (Christup, 1978). The difficulty of rating movement change and therapeutic effectiveness has not been resolved by experimental methodology.

Christup was determined to go beyond descriptive data even though she believed that the basic assumptions concerning the therapeutic value of dance had been clinically validated, on an observational level, by observers. Using an experimental design and body drawings, Christup failed to show significant differences between treatment and control groups (1978). The length of the treatment (13 weeks) was probably not long enough to bring about "personality" changes which would relate to the drawings, if there had been a significant change in body image. The severity of schizophrenic pathology would probably have needed a longer time for more integrative body/personality results.

Program Evaluation. One of the first practical signs of movement therapy's acceptance because of its effectiveness is related to the demand made by many institutions for trained therapists, as seen in the newsletter sent out regularly by the American Dance Therapy Association. Lewis (1987) writes that the clinical needs which have drawn object relations theory and self-psychology into the foreground of depth psychology have also helped to bring the creative arts therapies to professional status. The needs of populations such as those with autism, psychosis, and characterological difficulties called for non-verbal therapies which understood development and human ways of relating to the world (Bernstein, 1984a; Lewis, 1987; Siegel, 1984).

Program evaluations have used experimental designs. One example of this approach will be described in order to demonstrate how program evaluation can be done using the natural science approach and towards what kinds of questions such evaluations are directed. Shennum (1987) reported the effects of an art and dance/movement ("expressive") therapy program on children's behaviour in residential treatment. In order to justify money being spent on dance therapy in residential programs, administration usually must show that this approach is effective as an adjunctive treatment. Results of a six week experiment indicated that greater amounts of expressive activity therapy reduced children's levels of emotional unresponsiveness and acting-out problem behaviour. Children who received either one or two hours per week of expressive activity therapy were less detached and more available to adult contact than children in the no-treatment group. Inspection of graphed results indicated that the children who received two hours per week of expressive activity therapy showed less acting-out problem behaviour than did children who received one hour of therapy or less. The results were consistent with the prediction that expressive therapy enables children to vent affect appropriately. Such expression seemed to reduce inappropriate expression ("acting out") in the general residential milieu, although the effect was only significantly present for the two-hour per week group. This type of study assists programs with justifying their effectiveness and existence within an institutional setting where administration wants to show cost effectiveness.

Summative Overview. It can be seen that natural science research has modestly supported the use of movement therapy and the concepts behind movement therapy, but most importantly these studies have not led to a more indepth understanding of the experience of movement therapy. Even the effectiveness of movement therapy cannot be experimentally evaluated with relevance and meaning until the major components of movement therapy are conceptualized and understood together as a cohesive whole. A phenomenological methodology may be more appropriate for the study of movement therapy, given the problems that occur while attempting to operationalize the experimental studies (Christup, 1978). If movement therapy programs are to compete for financial survival, statistics, as well as effective therapy, will be needed. Efficacy must be demonstrated by rigorous studies. Moreover, human issues and human needs must be taken into consideration in our health services (Calkin, 1989). These issues need to be taken into account when evaluating experimental and phenomenological data.

Human Science Research and Movement Therapy

The Distinction between Natural Science and Human Science is explained in Chapter III.

Case Studies. McNiff (1987) writes: "Case studies are sometimes referred to as the stories that therapists tell and these stories often change with each telling and over time" (p. 289).

Silberstein (1987) published an article with case studies, called "Dance Therapy and Schizophrenia: Vision of the Future." What was most outstanding was the article's resemblance to the experiences expressed by Schoop (1974) and Chace (Chaiklin, 1975). The treatment situation of chronic cases of schizophrenia in state hospitals does not seem to change, despite the articles and books written about the extreme life circumstances of withdrawn patients in alien, institutional environments.

Descriptive Observations and Discussions. Christup noted that well documented observation showed dance to be of therapeutic value (Bainbridge, 1953; Bender & Boas, 1941; Chace, 1953, 1954; Genther, 1954; Greenwood, 1942; Rosen, 1954). Effort/shape movement observations, and their noted change ratings, have not in themselves been accredited or fully recognized for demonstrating therapeutic change. It must be clearly shown that movement change is relevant and strongly linked to psychological change, in order for many therapists to appreciate when and how movement patterns and profile changes are important.

Taking a descriptive approach, one article called "Women and Conflict in Dance Therapy" (Meyer, 1985) discusses how Meyer became a dance therapist and presents several cases of women with whom she has worked during the past seven years. Meyer states:

> Individual dance therapy is a relationship between two people that occurs in specific, discrete segments of time, secluded from the rest of the social world. The intimate dance that happens in this setting is a private, unique encounter. (p.4)

Although Meyer says that her intention is to approach each client free of preconceptions, the reader gains no insight into what presuppositions and preconceptions she has about dance therapy and her clients. Since it is impossible to have no presuppositions, although therapists may want and intend to have an open, non-judgmental attitude, it is necessary to reflect upon what preconceptions are present given the therapist's background. If Meyer had been more explicit with possible preconceptions, she could have reflected upon them and perhaps attempted to use them (as in a positive countertransference model); other researchers might then gain insight into factors that could influence the therapy, taking this background into account. For example, immediately after Meyer states her intention to approach each client free of preconceptions, she states that she is already starting to put the movements, as they reveal themselves, into "familiar themes" (Meyer, 1985, p.4). She could allow the reader to understand the themes with which she is familiar by stating them as the presuppositions. This method calls forth a change of perspective, away from empirical research which assumes the researcher can take a presuppositionless position. The phenomenological method allows the reader to follow more in-depth the experience of the therapy itself. The reader can then ask and assess whether the therapist is open to new themes or simply to meeting preconceived themes.

Phenomenological Research. Shapiro (1985) and Gendlin (1981) are two of the most important writers linking psychological, phenomenological and mind/body related or movement approaches. Gendlin (1962) recognized the importance of experience within psychology and discussed the bodily-felt-sense, especially acknowledging how word associations could come from bodily feelings as experienced by the client. He applied this concept primarily to clients while they were sitting, asking them to focus along their spine and to wait for any thoughts or words that came to mind. He would have his clients set the initial words or phrases literally aside (visually one side or the other), and then have them re-focus on the spine while being receptive to any new words or phrases. This method has the client start with a kinesthetic feeling and then access auditory or verbal association.

Dosamantes-Alperson (1979) talks about the subtlety of incipient body movement. She indicates that it is unlikely that simple visual observation could be sufficient for the therapist to detect the more subtle body movements. As a movement psychotherapist, she believes that she is able to make sense of her client's kinesthetic responses because, while observing them in motion, she finds herself re-creating their movements in her own body in the abbreviated and coded form of incipient movement. For example, she follows the shifts in weight, placement and direction without having to convert such movements into broader, overt ones. Through this kind of kinesthetic empathy, she is able to sense and respond to the clients' emotional state of the moment. By tracking these movements, she is able to provide the kinds of movement cues or structure that her clients might require in order to carry their experiential process forward (Dosamantes-Alperson, 1979).

Overview Commentary. The work of dance/movement therapists involves a wide range of populations, possible trainings, and theoretical approaches. There is very little research about movement therapy as a whole form or therapeutic approach, other than anecdotal reports and case studies. Obviously there is a need for more research, and it seems clear that phenomenological methodology may provide a means of empirically validating movement therapy where previous research has failed. Empirical studies can be quantitative and qualitative, but Eisner (1991) noted: "All empirical inquiry is referenced in qualities. Even inquiry in the most quantitative of the sciences results in claims that refer to qualities." (p. 27)

There has been an over-reliance on the molecular approach (movement analysis) and future research will need to have the researcher observe a different level of the movement event, especially with regards to meaning in movement therapy (Moore & Yamamoto, 1988). The purpose of my research is to conduct a phenomenological study which allows for qualitative experience through rigorous data collection and analysis. The questions of this study are: How is dance/movement therapy experienced by two particular adult female participants; how is the experience meaningful for the participants; how are the movements or dances meaningful to the overall therapy? One reason for choosing a phenomenological methodology is to conduct research that values validity and, therefore, more effectively supports movement therapy empirically where previous research has either failed or given weak support. The phenomenological approach permits the researcher to immerse herself into the area of interest and then to draw out relevant and important structures that underlie the experience.

CHAPTER II

Phenomenological Research and Methodology

Synopsis

The purpose of this chapter is to clarify the human science approach, especially with regard to phenomenological psychology. The origin of phenomenology and the development of empirical psychological phenomenology will be addressed. Scientific paradigms will be contrasted. The importance of ontology to phenomenological research is fundamental. The concepts of description, structure, dialogue, idealism, introspection and co-constitutionality will be discussed as human science components. These constructs compose the very foundation and rigorous method of phenomenological psychology.

The latter section of this chapter indicates the selection of participants and the procedure followed. The procedure includes the material used, the collection of descriptions from sessions, and interviews. The last section in chapter three addresses the analysis of data.

Philosophical Roots of Phenomenological Research

Definition of Phenomenology. Phenomenology is a rigorous and systematic attempt to explicate the meanings of experience. The goal of a phenomenological method is to manifest a description of a given experience while being faithful to the experience as it is in the living of it (Colaizzi, 1978; Giorgi, 1970; Shapiro, 1985).

Origin. Phenomenology originated in philosophy through Husserl (1859-1938). Husserl argued that philosophers should look for the invariant structures of consciousness. In order to understand consciousness, Husserl wanted the emphasis of research placed upon experience. He argued that experience, when described, could lead to further knowledge about consciousness (Polkinghorne, 1986). Phenomenology was to be a rational rather than an empirical science of consciousness. It was to be a foundational science whereas contemporary phenomenological psychology is empirically based.

Natural Science and Human Science

Paradigm Perspective. The human sciences are found within the broad range of scientific research, of which phenomenology is one subcategory. Although phenomenology is often used as a term to refer to many different subjective types of research, in this paper it refers to a rigorous, more narrowed meaning; an empirically based research methodology (Alapack, 1986; Colaizzi, 1978; Giorgi, 1970).

Ontology. Ontology (nature of being) is defined as the department of metaphysics concerned with the essence of things or being in the abstract, (The Concise Oxford Dictionary, 1964). It is not addressed in natural science, but is of major concern to the phenomenological approach and other human science research. There is a natural science assumption about the "neutral nature of man" and an avoidance of the "moral nature of man," whereas the human science values meaning and purposiveness. Empirical phenomenological studies in psychology refer to the rigorous collection of mundane data within through phenomenological approach. Phenomenology is sometimes loosely used to describe descriptive studies without such a thorough effort to structure the data collection. This is not the case in an empirical phenomenological approach.

Investigating Humanity. Overriding the particular paradigm employed is the basic question whether the paradigm allows for the special place of humanity's study of humanity. There are questions about what value or ontological view to choose for the study of humanity. Differences at the non-empirical level need to be considered when evaluating or choosing the research methodology.

Historical Perspectives. The question of realism was a major dividing line between the philosophy of Locke and Kant. Locke believed that the mind was a blank slate. The dominant concept from this view is that the mind has no inherent structures of its own, the sensory world is "out there," external. The mind compiles simple ideas like atoms of physics (Rychlak, 1968, 1977). This view is incorporated into experimental psychology. In contrast, Kant believed that the mind organizes information in a meaningful way, not dependent on "out there." Kant therefore suggested the idea of pre-existing structure of the mind. Senses structured knowing, initially within the parameters of space and time but then within mental categories created by the mind (Luijpen and Koren, 1982). From this perspective, the mind has a role in making meaning (Rychlak, 1977).

Noumena versus Phenomena. Kant suggested that "mind never knows 'things in themselves' (noumena) but deals only with sensory representation (phenomena) mediated by the understanding" (Kant in Rychlak, 1968, p. 280). He believed that ideas are not simply copies of facts in the outside world, but rather they are prototypes within the mind. When sense impressions seem to "match" the mind's prototype, then the idea is activated and used. Some ideas transcend sensory knowledge and cannot be immediately demonstrated. A good example of this is the early Greeks' suggestion that matter is composed of essential elements called atoms. This idea existed in the mind as a prototype of the structure of matter and has only recently been demonstrated to be true. Kant emphasized the active nature of the mind, giving importance to the experiencing person. He warned against over-valuing the sensory world as a source of knowledge (Rychlak, 1977).

Existential-Phenomenological Thought. After the nineteenth century, scholars became more interested in Kant's philosophy which included divergency and the pursuit of values. Existential thought concerned itself with the oneness or unity of being rather than with separateness and categorical differentiation. Existential-phenomenological concerns address the existence and meaning of life, death, love, hate, anger, movement, and dance within the lived-world phenomenal experience. Natural science did not value these aspects of human existence.

Demonstrative Versus Dialectical Reasoning. Psychological research based on a natural science paradigm has a history of placing emphasis upon the observable, measurable, and duplicable (Colaizzi, 1978). Natural science is based upon demonstrative reasoning, which commences by stating a premise that is "primary and true," either by virtue of tautology or because the truth of the statement can be demonstrated through sense experience. Natural science values a logical conclusion and a conventional agreement, accepting an argument that proceeds uni-directionally from a major premise to a rationally-found conclusion (Rychlak, 1977). Human sciences, however, seek dialectical reasoning, suggesting an alternative to a stated premise. Human science allows questioning or interviewing to bring forth descriptions from lived experience. Dialectical reasoning proceeds by way of opposition and contradiction; it is multi-directional rather than linear analytic (Liberman, 1986; Polkinghorne, 1986; Rychlak, 1977). The logic of theoretical natural science requires conceptual sets that have been abstracted from particular contexts of time and space (Polkinghorne, 1986). However, it is recognized in research studies that conceptual operations do not remain stable and independent of context (Alapack, 1986; Giorgi, 1986; Polkinghorne, 1986).

Demonstrative reasoning requires some referent to truth "in the outside world" while dialectical reasoning holds that truth can be found within the mind itself. A dialectical enterprise starts with a question, such as, "what is the nature of movement?" To this one might answer, "at the time of locomotion of the body, there may be a kinesthetic experience of displacement of the body (parts and/or whole)." The dialectic begins with a response suggesting an opposite or alternative, such as: "are there not occasions when one does not experience a kinesthetic sensation, but where movement has occurred?" The discourse would hopefully proceed until there is some recognition of the many aspects of phenomena (Kennedy, 1987; Van den Berg, 1972), in this case, the movement phenomenon. It is useful to distinguish between the types of reasoning in order to understand the critical issue when choosing a paradigm to follow. What is the value of adhering to this paradigm and for what purpose? If truth or falsity of a hypothesized causal relationship is sought, then demonstrative reasoning, using a linear analytic approach, is often accepted by natural scientists. For example, tightness or bound effort in the body can be exaggerated by the person until the body has fatigue or a physical release occurs in the muscles. This physical change can be measured and demonstrated quantitatively. On the other hand, the contemplation of the experience of tightness for several people is more thoroughly described by dialectical reasoning, which can show this behaviour as a multifaceted phenomenon.

Objective Versus Subjective. "Objective" according to Rychlak (1977) means the idea that abstractions, and also the relationships between abstractions, transcend one particular abstractor, and may be grasped or understood by all individuals in a specified class (Rychlak, 1977). That which is understood by all individuals in a specified class does not have to be a real object. Therefore, objectivity relates to a consensus about the meaning of a certain idea, sometimes referred to as "common ground" or "common meaning." Thus, objectivity occurs when there is shared meaning (Colaizzi, 1978; Giorgi, 1975; Van Kamm; 1966).

By comparison, the concept of subjectivity affords ideas that are personalized, defy precise communication, and can be truly understood by someone else who has not had the experience. Subjectivity suggests qualities of uniqueness and isolation that can only be fully known by the individual. It implies idiosyncratic possibility and is often eccentric or obscure.

Several phenomenologists distinguish "objectivity" from "objective reality" and separate the realism versus idealism issue from the objective versus subjective issue (Colaizzi, 1978; Rycklak, 1977; Van Manen, 1984; Van Kamm, 1966). Allowing for the existence of a co-constitutional world, and given the consensual nature of objectivity and the possibility of the experience of shared meaning, one can be "objective" about psychological experiences that have no observable referent. The human science researchers make use of our human consensual nature when they attempt to describe the "shared meaning" of experiences, such as movement experience or the experience of love.

Explanation versus Meaning. The nature of the lived world and the meaning of experience to people is valued by phenomenological research. Natural science aims to explain what caused what to occur, thus following a cause and effect model. It abstracts theory from particular time and space (Polkinghorne, 1986). Conceptual sets, which are considered a form of knowledge, come from these abstractions. The question posed by human science is whether such a removal from the concrete or described experience will lead to human understanding (Jennings, 1986; Merleau-Ponty, 1964). The phenomenological psychologist or movement therapist asks: what human requirements need to be considered in order to delve into the meaning of an experience for a person? Inherent in the methodology is a way of observing, listening, questioning, and describing what is considered to be the experience.

Explanation versus Description. Phenomenological psychology receives its raw data from the lived-world, and therefore is dependent upon mundane descriptions as opposed to explanation of facts and cause-effect relationships. Since science cannot be value-free, the phenomenologist can choose a particular attitude towards life itself. An open attitude directly affects the questions arising in the researcher's thoughts. Within this framework, there is an acceptance of the "always-nearing-arrival, but never arriving" descriptive results. Explanations, which can be found within experiences lead to conclusions rather than descriptive experiences. In natural science, the research reduces the problem to a behavioural or physical component, for example, anger is shown when the galvanic skin response shows activation as measured on a meter. Human science is more concerned about both the structure of the research itself and the structure underlying the phenomena described.

Analysis Versus Meaning. The analytic logician is restricted to reduction by the very form of judgment employed in the name of objectivism (Liberman, 1986; Polkinghorne, 1986). Phenomenological thought does not support linear analytical logic as a means of understanding. Phenomenological research includes the whole of the life-world of phenomenal experience, including meaning in its original context.

Realism versus Idealism. Realism asserts that the world has an existence independent of the person who examines it (Rychlak, 1977), and is a basic tenet of natural science. Knowledge consists of observing the lawful relationships which exist in nature, and meaning is therefore "outside," in the external world. The human sciences make allowances for a more idealistic view. Idealism holds that it is not useful to speak of an "external world" because this world is known via the perception and cognition of the person witnessing it. Idealism values the reality and viability of perception and cognition; the subjective world of the person experiencing or witnessing is what counts. Knowledge, and sometimes understanding, evolve as the witness actively constructs perceptions into meaningful units.

Kant's model includes the meaning of final causation. From the stance of the transcendental dialectic, humans can reflect upon and critically examine their senses, or challenge the validity of their own categories of reason (Rychlak, 1977). From the perspective of Locke and the experimental psychologists, one must recognize the knower as a detached spectator (Luijpen and Koren, 1982). In contrast, for philosopher Kant (1724-1804), "mind" was given foremost importance concerning the creation of meaning. Senses structured the knowing initially within the parameters of space and time, but then the mind created mental categories (Luijpen and Koren, 1982).

In existential phenomenology, the researcher strives to be neither subjectivist nor objectivist. Rather, the person constitutes the world and is receptive to the world. Through this receptive stance, the researcher, using phenomenological methodology, asks different questions of the participants, and thereby accesses perspectives on the experience which are often by-passed by traditional quantitative studies. The researcher gains his/her own perspectives, but primarily seeks to understand the other's conscious thoughts.

Extraspection versus Introspection. The extraspectively-inclined theorists starts from the question, "what do we, over here as observers, need to postulate in order to study that over there?" (Rychlak, 1977). Theorists are always in the role of observer and formulate their ideas from the outside looking in, and this characterizes the natural scientific view. The theorist who takes an introspective position, however, develops ideas from the point of view of the object of study. To introspect is to take the participant seriously, as an integral aspect of the process of theory formulation (Rychlak, 1977). The human sciences focus on the experiencing person and are thus introspective (see also Becker, 1986; Giorgi, 1975; and Salner, 1986).

Duality versus Co-constitutionality. Inherent in the sharing of our human existence is our co-constitutionality. The nature of our co-constitutionality makes an entry point for introspection and necessary reflective thought with regard to this shared existence; it allows a dialogal relationship between self and the world (Colaizzi, 1978; Keen, 1978). The self and the world are linked and reflect each other; they co-constitute each other. For example, Van den Berg (1972) revealed how depression was experienced as buildings tilting and looming ominously over the dwarfed person. Kennedy (1987), talking about this individual's experience in the world, states: "Phenomenologically speaking, depression is buildings drained of colour which threaten and glower at one. The person and the environment reflect each other because a change in experience is a change in the face of the world" (p. 52). Duality can imply a "their-my experience versus our experience," as if I do not share existence with them. It also implies a world separate from the knowers. This duality leads to distancing and being excluded from knowing what is the other's experience. Co-constitutionality exists by our common presence within the phenomenal experience.

Co-constitutionality

Phenomenological research values the co-constitutional nature of existence. A co-constituted view of existence acknowledges that our perceptual experience can change with the surroundings, including objects that do not necessarily have a material referent. One object co-constitutes another object world and vice versa. This aspect of phenomenology holds for co-constitutive objects, whether they are people, verbal statements, rooms, air, doors or moving bodies. Moreover, how we approach understanding itself need not and cannot be severed from our existence within the experience. In psychotherapy, the participant and the therapist coexist within the lived-session. Each co-constitutes the experience of the other. Due to the co-constitutional nature of existence and with the acceptance of this fact, we can approach another's understanding, even if we can never grasp it completely. From within this framework, essential to the legitimacy of a phenomenological approach, the collaborators and the researcher participated in authentic discussions about what was experienced and how it was manifested as meaningful to the participants' lives.

Purpose of Phenomenological Psychology

Shapiro (1985) stated "that attention to the body is a key to doing phenomenology as well as to the advance of personal meaning" (xvi). Phenomenological psychology provides a framework that allows psychologists and movement therapists to focus on both bodily knowing and personal meaning within the therapeutic context. After reflecting upon and stating possible presuppositions, the researcher collects mundane data which investigates human experiences in context, exploring the meaningfulness of these experiences to people. The more obscure areas of human knowing, human kinetics, physiognomic knowing, and meaningful ways of learning through movement and dance have posed methodological problems for researchers who addressed them with a natural science paradigm (Maletic, 1980; Moore & Yamamoto, 1988). Describing experiences in the lived-world posed particular methodological challenges to the study of people. Such research lagged behind other areas of psychological research. Phenomenological psychology research offers a sensitive and systematic way of discovering potential underlying structures or patterns within the protocols collected from mundane descriptions.

Summary of Characteristics of Natural Science and Human Science

Human science psychology values the experiencing person, distinctly human qualities, meaningfulness of the research problems and the worth of each person (Matson, 1973). Phenomenological psychologists call for the continuity of man and nature (Colaizzi, 1978). "Qualitative designs are naturalistic in that the researcher does not attempt to manipulate the research setting" (Patton, 1990, p.39). Natural science holds values around cause and effect choosing of dependent and independent variables, operationally defining problems and distancing the researcher from the possible contamination of involvement within the study. As a result of these contrasting characteristics, the human science approach is more applicable to exploring the human experience of participants within movement therapy.

Conclusion

The basic assumptions of human science, and particularly of phenomenological research, are clearly different from those of natural science psychology. Both have useful paradigms, depending upon the questions to be answered (i.e. explanation or meaning). Human science is appropriate to this particular study because this research seeks to find the meaning of movement therapy within the human experience. The question I want to ask depends upon dialogal exchanges, not upon questionnaires or experimental hypotheses. Therapist and participant co-constitute each other's world.

Methodology

This section indicates the selection of participants and the procedure followed. The procedure includes the material used, the collection of descriptions from sessions, and interviews. The last section in chapter three addresses the analysis of data.

Method

Participant Selection. There were several selective considerations in choosing participants. The researcher chose participants who had no prior experience with movement therapy that could influence them. Two women (D, aged 27, and M, aged 43) volunteered and signed consent forms, agreeing to be collaborators in the research. D sought out the therapist for individual psychotherapy and had been a former client during her teenage years. M was approached by the researcher as a participant who was a dancer/dance teacher and who expressed an interest in dance-movement therapy. The researcher considered two women, one of whom had an extensive dance background and the other a minimal dance background. Two participants were chosen in order to make possible an in-depth analysis, while at the same time limiting duplication of responses. The participants' mundane data were compared.

Both participants considered themselves depressed. Depression features (a term noted for clients who do not necessarily meet the criteria of depression but have some of the criteria listed under the diagnosis of depression) were documented from the on-going dialogues, as opposed to being directly questioned in a diagnostic initial interview. These depression features were noted in the Diagnostic and Statistical Manual of Mental Disorders (DSM III-R, 1987). Although the researcher did not initially choose to include eating disorders, both of the participants met the criteria of either having had bulimia (M) or presently being bulimic (D).

The terms collaborator, participant, and co-researcher were used synonymously, not implying co-author status, but rather a co-operative venture.

Procedure

The following flow chart demonstrates the sequence of the overall procedure carried out in this research.

Table 1

Flow Chart of Procedural Outline

Step	**Procedure**
1	Referral Source: Self-referral or chosen by writer.
2	Introductory interview about project and consents.
3	Video-tape the sessions for later analysis.
4	Audio-tape interview following sessions.
5	Participants view the video-tapes.
6	Transcribe video-taped sessions.
7	Transcribe audio-taped sessions.
8	Type meaningful units from raw data into computer as the first-order protocols.
9	Paraphrase first-order protocols.
10	Extract first order themes (second-order protocols) from the first-order protocols.
11	Cluster first order themes into higher order themes (categories and subcategories).
12	Construct a table comparing higher order themes for both participants.
13	Construct a table of the higher order themes and at least one theme per category. Indicate the meaning of the higher order themes.
14	Put some sessions of the participants' experiences in a story-form in the appendices (not all due to length).
15	Synthesize meaning of movement in the therapy.

Materials. One-half inch VHS video-tapes, audio-cassette tapes, a coloured TV monitor for playback, and a video-camera were the instruments employed. On occasion, two students volunteered time to operate the camera. When these students were not available, the researcher/therapist either set the camera or worked the camera.

Presuppositions. In phenomenological research, setting aside presuppositions is known as bracketing. Presuppositions are those assumptions that one has about a phenomenon before having an opportunity to reflect upon the phenomenon in a thorough and rigorous manner. I want to briefly describe my thoughts about my lived-world experiences by taking the reader into my personal reflections in order to give the reader an opportunity to be more familiar with my background. I want to state possible presuppositions based on my reflections of my dance therapy background, experiences and readings.

One of my presuppositions is that there is pre-linguistic meaning in experience. Like Merleau-Ponty (1964) and Shapiro, I consider that the body and behaviour are bearers of meaning (Shapiro, 1985). When I, Shapiro, or Merleau-Ponty talk about the body, we mean the "body-subject," not the biological or physiological body. The "body-subject" is awareness in its embodied mode. In addition, embodied experiences enhance or form some perceptions. These embodied experiences are important for human beings because people are capable of physiognomic learning of perception (McConville, 1978; Moore & Yamamoto, 1988), in addition to visual or auditory learning.

Secondly, kinesthetic learning can offer new information and additional ways of processing all kinds of information. Dosamantes-Alperson (1974), a dance therapist, expands on the importance of incorporating both the body's ways of knowing and cognition using words:

> There are two ways of knowing about ourselves and our world. One way is an explicit, verbal way that allows us to process information sequentially. Another is an implicit bodily way that allows us to process input holistically, rather than piecemeal. (p.164)

Bodily experience and language are both aspects of thinking inherent in people and in movement therapy. Each communication offers unique and integrating functions. Left and right brain research has challenged how we actually process information (Buzan, 1974), for example, how much do we depend upon our left brain for linear thinking and our right brain for holistic pictures, and how do they overlap and supplement each other? Research on left brain processing tends to indicate a preference for the linear, logical, sequential thinking of verbal language and right brain thinking suggests more simultaneous processing through holistic pictures. There is extensive literature about how our brain mechanisms unite various practical, but diverse, functions of thinking, such as spatial thinking versus logical deduction (MacLean, 1990). MacLean (1990) elaborates about the triune (three areas) brain in evolution, bringing to the literature substantial studies about the limbic system (paleomammalian) as an important system for spatial intelligence. MacLean has written a technical, medical, text which discusses paleocerebral functions including neomammalian, reptilian and paleomammalian functions.

My third presupposition relates to my hope that movement therapy becomes a vehicle for learning and growth of both myself and the participants. Therefore, my third presupposition is that phenomenological study should change me as therapist and researcher. It should change my view of the world by revealing aspects of my experience formerly disembodied, dim, or misconstrued, as suggested by Shapiro (1985). Like Shapiro, I want to strive to see, feel, hear, as if for the first time, in order to delve into fresh perceptions and fuller understandings. I want to delve into details and then stand back and move before again exploring the experience through reflection.

My fourth presupposition is that movement therapy can change the participants' view of the world by revealing aspects of themselves formerly disembodied. By being a moving embodied-self their lives can become more whole, sensing a united self.

It is important to discuss what reflection means as a referent concept. Merleau-Ponty appreciated the value of reflection:

> It is the unreflected which is understood and conquered by reflection. Left to itself, perception forgets itself and is ignorant of its own accomplishments. Far from thinking that philosophy is a useless repetition of life, I think, on the contrary, that without reflection life would probably dissipate itself in ignorance of itself or in chaos. But this does not mean that reflection should be carried away with itself or pretend to be ignorant of its origins. By fleeing difficulties it would only fail in its task. (Merleau-Ponty, 1964, p.19).

One might ask, "But what is worthy of phenomenological reflection?" As a global concept, a phenomenon is that which manifests itself. Anything which is capable of appearing in awareness can be the object of reflection (Merleau-Ponty, 1964). As a movement therapist, I do what I believe to be movement therapy. It is my experience that movement therapy does indeed manifest itself in my sessions with participants. The participant and myself both have pre-reflective movements. However, it is my perception within the experience, including my perception of the relationship with the participant, that manifests itself to me in pre-reflection and reflection. Upon this perception, I conduct my behaviour in what I think to be a "therapeutic manner." After the experience, I can reflect on what I perceived myself and the participant as experiencing. When I have video-taped the session, I can review the session and perhaps see more or see differently.

My presence as a movement therapist co-constitutes the movement therapy experience of the participant and this co-constituted existence leads me to be so bold as to reflect on the described nature of these experiences. Movement therapy is not an absolute but a lived-phenomenon. In this sense, it is worth exploring the participant's experiences from her perspective as well as from my lived-world. Perceptions may interweave and present many levels of analysis. After describing and reflecting upon the participants' dialogues and movements, I explored some uses of movement as a therapeutic component.

When I embarked on a meditative reflection of my life, I began to visualize my memories of dance, movement therapy, and psychotherapy, and I was met with a personal history, mapped by particular people, places, and events. I experienced an inner dialogue between my cognition and feelings about these mundane, albeit intriguing, experiences. From mundane associations came my life's reflection. The personal meanings I assigned to these memories surfaced and evolved in me and through me, deepening and spiralling through my life's body/mind/spirit development, which, for me, is experienced through my embodied self in the world. I acknowledge the importance of my own embodied experience within the sessions which allows me to delve into and speak from my body-subject.

I wanted to describe mind/body issues in movement therapy from a phenomenological perspective. It seemed to me that what I wanted to do was the reverse of what Van Manen (1984) had already done in his writings. Van Manen put movement words to textual writings and literary thought; the effect was to bring them to life. I wanted to learn how to do this too, but I was also struggling to put words into the movement therapy experience, and then to put the movement therapy experiences into words. I sought to describe the lived-experience of the total experience of movement therapy. This description involved movement, images, words, and context, at least within the terms of my experience and the literature I had reviewed. My initial writings led me to believe that a phenomenological approach was potentially a way into the depth of understanding of human experience I was seeking.

A Description of a Typical Movement Therapy Session. In any given session the participant could be sitting in a chair across from myself or we could be sitting on the floor in a studio or standing while talking initially. Usually, there would be a part of the session where we are dancing or where the participant is moving/dancing and I am observing. However, initially in the treatment, I usually talk with participants to find out more about what brought them to therapy and how much movement experience they have had. I ask them if they have had any injuries or psychological traumas that are affecting them physically. With some participants, we explore their movements early in the sessions and with others the movement experiences are paced with verbal exchanges and sometimes drawings. In this research study, emphasis was placed upon movement fairly quickly into the therapy. The participants sometimes danced with me, sometimes danced alone, and sometimes did various explorations with props or learned kinesiology exercises during part of the session. The sessions were often dominantly talking, then moving then talking, but they were, at other times, mainly moving or moving while talking and then briefly talking between the movement sections.

Type of Movement Therapy Used in this Research

In this research I used phenomenologically oriented movement therapy. I would describe this approach as one that can be employed with participants who want to address their bodily moving selves and who are open to discussing their experiences with the therapist as they proceed through the therapy. I am aware of co-constituting the experience with the participants and this leads me to a introspective reflection as well as attending to the participant's world.

Sessions in Movement Therapy. The raw descriptions of verbal statements and non-verbal data were taken from the video-taped sessions of the movement therapy. Movements were observed by the researcher and described using a combination of everyday movement vocabulary as found in English dictionaries and a special movement-descriptive language called effort/shape language (Laban, 1960; Laban & Lawrence, 1974). Laban notation typically uses a symbolic shorthand similar to secretarial shorthand but developed for notating movement qualities. The shorthand method was not employed in this research; the researcher wanted to use the actual English words with their Laban connotations in order that psychologists and other disciplines could understand the data if they chose to investigate it further. Descriptions of movements using general English language descriptions were also employed where Laban analysis needed to be supplemented.

Interviews about the Experience. Semi-structured dialogal interviews were conducted and audiotaped, (Becker, 1986; Kvale, 1983). The participant watched and reflected upon sections of the videotaped playback of the sessions at the time of these interviews, which were held immediately after the sessions whenever possible. Participants were asked to talk about their experiences in interviews and during the sessions. Interviews were audiotaped and sometimes discussions from the interviews were followed-up in the sequential therapy sessions if the participant had any further reflections or questions. If not, the interviews were left as completed at this point.

Description of the Interviews. I centred on the interviewee's life-world, and sought to understand the meaning of experienced phenomena in her life-world. I began by concentrating on the qualitative aspects of their movement therapy experiences, encouraging descriptive data with specific experiences. This mundane data became the first order protocols. I eventually focused on the underlying structures of the experiences and their meanings which I called first order themes. I then clustered these themes into meaningful patterns, higher order themes or categories. I was open to ambiguities in the meaning of the experiences, and was receptive to unique experiences. The interviews with the therapist took place in the lived-world of the participant, either in the sessions immediately after an experience or while watching video-tape playbacks and being engaged in a dialogue. The interviews were allowed to evolve in an open manner, enabling the participant to express herself freely.

The interviews had a semi-structured format. The researcher was particularly interested in the interview questions about the experiences in the sessions, although other questions did arise in the dialogue. Questions addressed in the interviews included: "How was your experience at this point in time in this section of the tape? How did you experience the session as a whole?" During the sessions, the questions were: "What or how is your experience right now? How did you experience this part of the session?" The immediacy of the experience was sought, but reflections were also considered vital and noted.

Nature of Interviews. Rapport needed to be established at the beginning of the relationship. The intent of the therapist/researcher was to have an attitude of acceptance and openness. The interviews as just described were conducted in a fashion that allowed the participant and the researcher to engage in a dialogue about the experiences during and after the sessions (Becker, 1986; Kvale, 1983).

Playback of Videotaped Sessions. Interviews were carried out while watching the videotapes after the sessions. The pause button was used to stop the video for discussion, and the fast forward button was used to view the screen in fast motion until another movement segment was noted. At this point the video was put on pause again.

Questioning the Participant during the Sessions. Discretion was used during the sessions, so that the therapist only asked what the experience was like when it was deemed appropriate and not counter-productive to the therapy itself. An example of counterproductive interruptions would be when movement itself could not occur, as it would normally in a non-researched session, and the client was prematurely questioned in a way that drew the participant out of the bodily experience and into cognitive thought, thereby stopping the movement experience midway or changing the experience to an analytic reflection. The interviewer accepted all the statements made by the interviewee and reassured her that all of her contributions were valuable to the research.

The phenomenologist values the participant's viewpoint and goes to extended lengths to collect the subject's context as well as the specific expressions (Giorgi, 1970). The analysis of the data needs to be especially sensitive to the subject's own interpretation of her situation. Her own feelings, thoughts, or ideas about the experiences during movement therapy sessions may come after the initial movement or during it. It is important to clarify the conscious experience in terms of the actual experience at the time and later reflections upon the experience. For example, there is a difference between what the participant may think about herself while watching the video during the interview and what she thought during the original experience. Both experiences are legitimate, but the latter thoughts and feelings could relate to the movement therapy during the actual session while the other thoughts and feelings might happen at the time of the video play-back or at some other time. These ideas and emotional experiences are still considered part of the whole experience, but they do not necessarily reflect the same temporal lived-experience that occurred during the session. The issue of timing is also relevant to the verbal dialogue in the therapy session as compared to the verbal dialogue during the interview sessions. All of the statements made by the participant were reflected upon by the writer as a way to approach a description of the total experience.

Data. Video-taped sessions and audio-taped interviews were transcribed. After reading the transcripts of the sessions and the interviews, meaningful units or statements were put into the Notebook computer program. After reading and contemplating the meaning of the initial raw statements, these protocols were then paraphrased. Descriptions or raw statements came from both verbal and non-verbal protocols. Verbal protocols came from the dialogal transcripts of sessions and interviews. Statements were divided into meaningful units or verbal protocols (e.g. from the statement "like, I don't want to hurt his feelings.") These statements are then paraphrased (e.g. that D does not want to hurt her boyfriend's feelings). The movement-observation descriptions, divided into meaningful units or movement protocols, were written by the researcher while viewing the videos (e.g. D leans back in the chair).

Meaningful unit statements (protocols) were put into the Notebook computer program along with paraphrased statements. First-order protocols (meaningful units) were reflected upon to derive first order themes. These themes then were reflected upon for possible meanings according to the statements within the original context. The goals of the protocol and theme analyses are firstly, to seek the emotional texture of the experience, and secondly, to describe the patterns within the experiences. Since the therapist's raw initial statements from the session were part of the co-constituted world, transcripts were also considered with a focus upon the verbal statements of the therapist.

Protocols were also developed from meaningful statements made by the therapist. These descriptions acted as a way to look at the therapist's and participant's co-constitutional existence. Similar to the analysis of the participants' movements, some of the movement segments showing the therapist's movements were analyzed and described by the researcher. This was accomplished by viewing the videos while focusing on the therapist's movements, for indeed, these movements co-constitute the participant's world. The participant's movements were then viewed, in combination with the therapist's movements, in order to get a fuller description of the shared world.

While observing the videos, the researcher had to pause frequently to write the effort-shape or Laban descriptions and the overall general descriptions of what was happening. The sound was turned off the video at this point. Later, the researcher focused on a variety of specific danced segments, exercises, or variations of exercises, and analyzed both movements and verbal content together in more detail. The researcher attempted to find a wide variety of movement situations for the more detailed segments described. The researcher also sought variations of the phenomenon. In movement therapy, this included movement interactions, dances, psychotherapeutic events, communication styles, or whatever was observed to occur.

Protocol statements derived from analysis of the researcher's movements were reflected upon and put into themes, based on patterns of meaning. These were kept separately in the computer data, away from the protocol statements made by the participants. All statements were taken into consideration when the final descriptions of the phenomenon of movement therapy were presented. Statements about movement experiences, immediately stated by the participant in the sessions themselves, were particularly noted as they represent a more immediate description, closer to the pre-reflective body or experience at the moment. Verbalizations about the sensed-experience at the time of watching the video-playback could represent recall of pre-reflective experience, as well as reflective thought. Later reflections are also essential to the phenomenological approach. Meaning-similarities and meaning-discrepancies between the verbal and non-verbal descriptions were important cues to further understanding and were discussed. A comparison of meaning between the verbal and non-verbal protocols led to an interweaving of meaning. The interweaving was important for a fuller understanding of the experience of movement therapy.

Procedure for Protocols, First Order Themes and Higher Order Themes.

The procedural steps were:

1. Read and reflect upon verbal transcripts.
2. Divide verbal data transcripts into meaningful units and enter into Notebook (a computer program). Meaningful units become verbal protocols.
3. Observe movements in videotaped sessions. Describe movements in English and in Effort/Shape language.
4. Group the movements in the movement descriptions to create movement protocols or meaningful phrases. Enter in word processor.
5. Extract themes by clustering movement protocols into meaningful sequences of action and by clustering verbal protocols into meaningful themes.
6. Search for common elements and abstract meanings among the verbal themes and among the non-verbal themes. Place verbal and non-verbal themes into one or more higher order themes (categories) according to common elements and abstract meanings.
7. Reflect on the meanings of the verbal and non-verbal higher order themes to see if they are true to the first order themes, the original protocols and the transcripts.
8. Re-examine videotaped recordings of sessions and reflect upon how the movements and dialogue relate. Integrate the verbal and non-verbal data into a single unified account that interweaves movements and dialogue.
9. Write the summary stories of the participants. Synthesize a first person story for each participant

using the sessions, interviews, and integrated verbal and non-verbal data as source material. Throughout the stories, add periodic comments from the researcher about the meaning of the events in the sessions in the form of meta comments. These meta comments are placed in square brackets.

10. Examine the verbal and non-verbal themes while comparing them to the integrated verbal and non-verbal data. Reflect upon how the themes developed within the therapy experience and how verbal and non-verbal themes relate to each other.
11. Reflect upon the essential nature of the whole experience of the therapy as it is presented within the integrated data.
12. Search for the essence of the movement therapy experience by deriving statements about the whole experience.
13. Reflect upon the above derived statements, checking for clarity and faithfulness to original data.
14. Reflect upon the benefits of movement in therapy as demonstrated by the overall therapy.

Overall Situations Recorded in Context. A variety of scenes involving aspects of movement therapy situations arose and were recorded on video. The videotapes sometimes demonstrated sections where a participant moved on her own while the therapist was either close by or at the camera. Some sections showed a participant and the movement therapist moving together or sitting and talking together. Our "beings," present and together in the sessions, were important, since an understanding of what is experienced is also dependent on how the therapist and the participant relate and be, in an existential sense. Beingness can be experienced not only in words, but also through movements.

Movement Segments Analyzed. Not all movement segments can be thoroughly described. The segments, analyzed in more detail, were chosen to represent a variety of movement experiences. For example, some of the movement descriptions described what happened when walking in the sessions and some segments represented a more detailed movement analysis of interactions and/or dance. From a general description of the movements during each therapy session, contexts of the movements are drawn. The verbal meaning-units become the first order protocols. Second-order protocols (first order movement themes) are derived from a sequence of movements that could be considered a meaningful movement sequence and described in a meaningful description, such as "relaxing" or "holding back." The researcher further reflects on the whole phenomenal understanding by describing the movements observed during certain verbal or non-verbal segments. An attempt to further understand the meaning of the movements for the participant in the lived-world of the participant was sought.

Please note it was not the intent to judge the movements as pathological. The intent was to describe what was experienced by the participants when they moved. What thoughts and meanings did the participants form in their conscious awareness as expressed immediately or later in language? The researcher wanted to describe what the participant was aware of, as well as movements that were present in the session but not necessarily available to the awareness of the participant (pre-reflected movements). A raw data statement could be a sentence, a few words, or even a symbolic sound such as "uhm," which may or may not have relevant meaning in a particular context.

When reflecting on the protocols, the researcher has the original data from the transcripts in order to go back to the context and be faithful to the original meaning. The first order themes relate to a higher order themes or the generalizations (more global forms of abstraction).

The researcher sought patterns or underlying structures of the experiences from the data. Questions were asked as to what, if anything, was explicitly common within the data. For example, what is salient (obvious or jutting forth) versus latent (implied or suggested from within the context) in the data? What are the conjunctive patterns (common to all participants) versus disjunctive patterns (found in some instances, but not across all participants) when considering the experiences as a whole for each participant? Are there commonalities in themes (similar elements found within clustered themes) and are there unique experiences (found only once)? Looking at the data, are there similarities within the participants' experiences and/or between the participants?

The researcher approached a description of the essence of movement therapy. There may or may not be an "essence" of meaning or a core description of the overall experience of movement therapy, but if one is approached, this essence would manifest itself from the underlying descriptions.

Computer Programs. The two computer programs used were WordPerfect and Notebook. WordPerfect is a word-processing program, useful for transcribing and writing. Notebook is a program available for IBM computers that allows the researcher to keep track of the meaningful units. Headings in Notebook were designed as 1) page, 2) date, 3) name, 4) statement, 5) protocol, 6) themes, and 7) higher order themes. The researcher read the transcripts and searched for the prevalence of certain clusters of themes, which could be associated with certain key words that arose, such as "anger, mad," "relationship, friend," or "love, warmth." Unique protocols can be marked, re-checked, and considered later.

Faithfulness to the Text. Although some of my own "creative intuition" was used when I looked at what the participant said and what they could mean or imply, I was cognizant that these meanings should never sever all connection with the original data. Although the researcher goes beyond what is given in the original data, the data must be connected and faithful to the protocols.

Van Manen suggests that qualitative approaches can be organized by examining the depth of structure that is sought when selecting a particular approach (Van Manen, 1984). He states: "Constitutive phenomenology, on the other hand, attempts to find the inner meaning of the essence of life-world phenomena from both the perspective of the information and the culture as portrayed through the use of media, such as literature and poetry" (Van Manen, 1984, p. 21). In this study, the depth of the structure suggested I use multiple forms of data collection, such as the video-taped sessions, the interviews, looking at the movements in the taped sessions without the sound, and looking at the tapes with the sound. The poetry in this work is the dancing itself and the story told by each participant. Perhaps one might compare the non-verbal dialogues to live drama and the verbal dialogues to written prose. The interweaving occurred in the discussions of the whole, combining dance and story, in the synthesis and overview sections of Chapter III and IV.

Video-tapes may capture some of the movements of the phenomenon, but the participant's reflective interview thoughts are necessary to promote greater understanding of what conscious experiences are manifested. Listening to and observing the dialogues and movements on the video-tapes calls for sensitivity on the part of the researcher/writer, and a faithfulness to the phenomenon that comes through the words, pauses, gestures, postures, and overall movements.

In order to understand the meaning of the movements to the mover, the participant was encouraged to talk about experiences of which she was aware during the sessions or after the sessions. Her meanings were further reflected upon in the final analytic description. The participant's comments did not always coincide with the researcher's initial received communication during the session. All discrepancies were tolerated and considered important for the whole description of the phenomenon, as experienced by people in context. In life, differences are common, especially when one looks at the whole picture of what is happening in any communication situation.

In the appendices, the story of both participants can be found in abbreviated form. The lists of verbal and non-verbal themes are also in the appendices (See Appendices C and D), showing their clusterings under each higher order theme.

Summary of Distinctions between the Different Forms of Data. The movement therapy sessions were video-taped and the data taken from these sessions was both from the visual part of the video and from the auditory part of the video. As well, verbal data was taken from the audio-taped interviews. All of this data was used to derive the verbal and non-verbal protocols. Additional comments were received from the participants after some of the transcript readings and at the end of the writing of the dissertation. This data was reflected upon and there were no changes to the written scripts as the information that resulted from the incorporation of this data as this data did not change the information already reported.

The impact of watching the video play-backs of the sessions was an integral part of the therapy. This aspect of the therapy is usually optional to movement therapy. I found it to be immensely valuable for the purpose of the participants observing their movements and their interactions with myself. I highly recommend video-taping to be used wherever possible.

In D's and M's stories (Appendices A and B), the researcher wrote the stories using both the participants' words from the transcripts, as much as possible, and movements from the observational data of the video-tapes. The researcher summarized the sessions and interviews and kept the words of the participants in key areas. The only alterations to the information when converting from transcripts to the stories were that not all sessions could be used in the final dissertation, although all data was used in the main analysis. Not all details of the sessions could be given as elaborately as they were experienced in all the sessions.

The Questions of This Phenomenological Research. The phenomenological questions asked were: How was individual dance/movement therapy experienced by these two women participants; how was this experience meaningful for the participants; how were the movements or dances meaningful to their overall therapy? These initial questions led to the question of how dance/movement is experienced as therapy within the context of dance therapy. I am not only interested in how the dance therapy experience was experienced, but what experiences occurred for these particular individuals. Not all participants in movement therapy would have similar experiences simply because their lived-worlds upon entering movement therapy would be uniquely theirs, their interactions with myself would also generate some unique experiences and not all participants of movement therapy are depressed women which was a criteria for participation in this study.

CHAPTER III

Results and Discussion

Synopsis

This chapter presents a discussion of the higher order themes as well as a synthesis of how the participants experienced their movement therapy sessions. The question of how the movement experiences were meaningful to the participants as therapy is also addressed. Data about the participants is outlined. Common higher order themes, verbal, and non-verbal are described with examples. All higher order themes were in common. There were however four unique movement subcategories three for D and one for M. These four unique subcategories (subdivisions of the higher order movement themes) are interpreted to be demonstrative of the movement needs of the particular participant. All verbal and movement second order protocols (first order themes, common and unique) are defined in the appendices. The section "Meanings Within Higher Order Themes" presents examples and a discussion of each theme. Tables 4 and 5 present the higher order themes with an example of a first order theme from which the higher order themes were derived. In the last column of these tables, the meanings of the higher order themes are offered. An overview discussion illustrates broader implications of this study as well as its limitations. Ideas for future research are considered.

Results and Discussion

Data. The participants, M and D, will be individually described in the first person to retain a personal feature throughout the research.

Personal Information (M). I am a single forty-three year old dancer and choreographer with my own dance company. I teach modern dance and ballet. A long-term relationship recently broke up and I am still reacting to this loss. I have a history of bulimia but I am not presently bingeing or vomiting. I have been feeling depressed about my separation from my ex-boyfriend, as well as the loss of a major grant from one of my usual supporting resources.

Personal Information (D). Nine years ago, I was in group and individual verbal therapy for depression with Jo Ann as therapist. At that time, I was sixteen to eighteen years old and had a great deal of difficulty with family problems. At the time of this research, I am twenty-seven and have returned to Jo Ann for therapy because I am depressed again, partially because of the pressure of being a student. As well, I have not been involved in an intimate relationship for eight years and I feel quite isolated. I do excessive, exhausting exercise because I want to keep my body in perfect condition as my self-image is easily threatened. I binge occasionally on food.

Background of Participants. It should be noted that there was a fifteen-year age difference between the participants and one was a professional dancer while the other had had brief exposure to jazz dance classes as an adult. By choosing this range of background, the data could possibly provide a variety of movement and life circumstances, allowing the possibility of a range of experiences. Common ground included that both were women and both were depressed with secondary eating disorder symptoms. M had been bulimic in her past while D stated that she still had some compulsion to binge on food and exercise excessively, but was not vomiting. Both were articulate women who were active physically. (DSM III-R Diagnosis: Secondary Dysthymia, Early Onset for both.)

Introduction to Tables of Verbal and Movement Higher Order Themes (Categories). Common meaningful elements were found in the first order themes and from these groupings came meaningful higher order themes (categories). These broad, more abstract higher order themes have been illustrated in the tables which follow in order to present them succinctly to the reader. Each of these Higher Order themes has been named and defined in tables 2 and 3. Further discussion of examples and meanings follow in the section called "Discussion Continued"

Insert Tables 2 and 3
about here

Table 2

Definitions of Verbal Higher Order Themes

1. Self: This category includes any descriptions pertaining to the archetype of the "self" as defined by the participants. These descriptions are constructed from symbols relating to the participants themselves as persons.

1a. Self, Giving and Receiving: Statements about giving or receiving that are perceived by the participants as significantly reflective of themselves as givers, receivers, or reciprocators.

1b. Self, Awareness Development: Statements about events or thoughts that meaningfully relate to the self as growing in awareness. This includes physical, cognitive, and spiritual development.

1c. Self, Change: Statements that refer to the participants as undergoing a change. This change can relate to an internal or external event perceived by the participants.

1d. Self, Identity: Statements about who the participants see themselves to be.

1e. Self, Food-Related Issues: Statements that relate to how food or nourishment are entwined with the participants' views about themselves as persons.

1f. Self, Perception of Self and Self-Consciousness: Self-reflective comments about how the participants' perceptions at any moment further affect perceptions of themselves.

1g. Self, Humour: Statements that relate to the meaning of humour in the participants' life-worlds.

1h. Self, in Relation to Therapy: Statements that relate to perceptions of self within the experience of therapy.

1i. Self, in Relation to Others: Statements that relate to perceptions of self in the context of others.

2. Feelings: This category includes any descriptions related to emotions experienced by the participants that pertain to the ways they feel about themselves, taking into account many different contexts.

2a. Feelings Related to Therapy: References to feelings towards the experience of therapy.

2b. Feelings Related to Problems: References to the participants' feelings towards their problems as they perceive them.

2c. Feelings Related to Life Events: References to the participants' feelings arising out of their perceptions of events in their lives.

2d. Feelings Related to Kinesthetic Experiences: References to the participants' sensed feelings within the movement therapy sessions.

2e. Feelings Related to Food: References to the participants' feelings about the role food plays in their lives.

3. Relationships: This category includes any comments relevant to how the participants relate to others.

3a. Relationship with Therapist: Comments relevant to how the participants relate to the therapist.

3b. Relationships in General: Statements concerning relating to others.

3c. Relationships with Men: Comments relevant to how the participants relate to men.

4. Body: This category includes any descriptions that discuss body parts or the body as a whole.

5. Lived-World Activities: This category includes any descriptions that include statements about the participants' activities.

5a. Lived-World Activities, Functional: Any statements indicating how the participants function in the world (in activities such as cooking or going to meetings).

5b. Lived-World Activities, Controlling: Descriptions that relate to how the participants control their world through their activities.

6. Reflections about Therapy: This category includes any descriptions of the participants' experiences of therapy.

7. Time: This category includes any statements that make a reference to time.

8. Family: This category includes any statements about families or members of the participants' families.

9. World Relationship: This category includes any statements that indicate how the participants view their world.

9a. World Relationship, Eating World: Statements about how the participants perceive themselves in relation to the world of eating and its related symbolic values (such as showing love by offering food or denying food/love to oneself).

9b. World Relationship, Loneliness in World: Comments that show the participants' experiences of their world as lonely.

9c. World Relationship, School/Work/Classes/Places to Express: Comments that refer to school, work, classes, etc. Such places structure the participants' world.

9d. World Relationship, In Childhood: Statements that refer to the participants' perception/memory of their childhood or how these perceptions affect them still.

9e. World Relationship, Belonging/Not Fitting In: Comments that demonstrate the participants' belongingness or lack thereof.

9f. World Relationship, Participants' World Picture: Statements describing the world in general as seen or pictured by the participants.

10. Cognition: This category includes any descriptions that incorporate comments about how the participants think.

10a. Cognition, Philosophy: Statements that give the participants' framework of life as they think about it.

10b. Cognition, Cognitive Structuring of Thoughts: Statements on how the participants think (i.e. sensory modalities, strategies).

10c. Cognition, Spirituality: Any comments about spirituality (eg. higher states of consciousness or religious beliefs).

10d. Cognition, Ambivalence/Confusion/Conflict/Splitting: Dual or multiple thoughts or conflicting feelings about any issue in the participants' lives.

11. The "They": This category includes the participants' more "distanced" or abstract comments on groups of people (such as prostitutes, AIDS patients, or cancer patients, for example).

12. Sex, sexuality/feminine/masculine: This category includes any descriptions related to sex, sexuality, femininity and masculinity as stated by the participants.

13. Movement: This category includes any statements about movements -- dancing, breathing, exercises, or thoughts about movement experiences.

14. Aesthetic: This category includes any statements that refer to art, poetry, music, dance, grace, or beauty as perceived through the senses of the participants.

15. Symbols: This category includes any descriptions in which the participants use metaphors, analogies, visual images, music, or danced-body images.

Table 3

Definitions of Movement Higher Order Themes

1. Transitional Behaviours: This category includes any observed movements that relate to behaviours in the context of between events (e.g. between dancing and talking sections).

1a. Transitional Behaviours, Readying/Preparing: Movements that are seen in the context of getting ready for the beginning of the session or for the next part of the session. Preparations include arranging chairs in an appropriate place or looking the window reflecting about something (confirmed by the verbal dialogues as well as the observation).

1b. Transitional Behaviours, Waiting Behaviour: Any behaviours that occur while the video is on at the beginning of the session and the therapist has not yet entered, or while the session is in progress and the therapist has left the room to get something. Such behaviours may include bouncing a ball, picking at clothes, fidgeting with kleenex, hooking up the microphone, lying on the floor, or doing a spontaneous warm-up.

1c. Transitional Behaviours, Greeting Behaviour: Any behaviours in the context of the beginning of the session when the participants and the therapist acknowledge or present themselves to each other.

2. Directional Behaviours: This category includes any observed movements that relate direction in a meaningful way. This includes movements in terms of effort-shape language (see Appendices x and y on Directional Effort-Shape).

2a. Directional Behaviours, Going Towards (Advancing): Movements that indicate that the participants are moving themselves or parts of themselves (such as in a hand gesture) towards something or someone.

2b. Directional Behaviours, Going Away From (Retreating): Movements that indicate that the participants are moving themselves or parts of themselves away from something or someone.

2c. Directional Behaviours, Withdrawing Behaviour: Behaviour that suggests in context that the participants are drawing into themselves (for example, in *effort-shape* terms the participant collapses in torso and has little breath flow or shape flow in the chest area).

2d. Directional Behaviours, Ambivalent Behaviour: Movement towards and then away from someone or something. This often occurs when the participant is deciding which way to go.

2e. Directional Behaviours, Covered or Hiding Behaviour: Situations in which the participants are not seen. For example, the participant hides from the camera or is covered by an object such as a coat.

3. Habitual Behaviours: This category includes any descriptions that relate to tics, repetitive nervous habits, or patterns of *shadow* movement (Laban term).

3a. Habitual Behaviours, Fidgeting Behaviour: Behaviours that appear to be disconnected from the main focus of the session (for example, fidgeting with kleenex while talking). Such behaviours are usually unconscious but may become conscious when attention is drawn to them.

3b. Habitual Behaviours, Grooming Behaviour: Behaviours that involve the face or hair, such as plucking eyes or combing hair.

4. Self-care Behaviours or Destructive Behaviours: This category includes those behaviours of the participants which they discuss at some point (not necessarily at the moment of action) as nurturing/caring or as destructive/harmful.

4a. Self-care Behaviours, Releasing Behaviour: Movements in the context of letting go of tension, such as by screaming into a pillow or releasing one's breath after purposefully holding it.

4b. Self-care Behaviours, Nurturing/Comforting Behaviour: Movements in the context of the therapy in which the participants care for themselves or allow themselves to be cared for.

4c. Destructive Behaviours, Tension Behaviour: Movements in the context of holding on to bodily tension, such as clutching the arm of a chair or pressing one's shoulders inwards to the breastbone.

4d. Destructive Behaviours, Aggressive Behaviour towards Self: Movements of the participants that are non-nurturing and often appear habitual or unconscious, such as hitting one's leg or forcing one's body to stretch in spite of obvious pain.

5. Confrontational Behaviour: This category includes any movements that indicate *strong* (forceful), *direct*, or *bound* efforts, while the participants are pushing, stating a point through a strong wide stance, or looking directly at an other.

5a. Confrontational Behaviour, Assertive: Movements in the context of the participants standing up for themselves (for example, pushing away the bully or critical part role played by therapist).

5b. Confrontational Behaviour, Aggressive: Movements that express the full force of the participants' rage (for example, forcefully and repeatedly kicking the large ball in the corner of the room).

5c. Confrontational Behaviour, Directly Confronting Behaviour: Movements in which the participants seek out another (in a role play), tell her/him verbally and non-verbally that his or her behaviour is unacceptable, and express their thoughts and feelings about this behaviour.

6. Dance: This category includes expressive movements such as dance, exercises, choreography, or spontaneous movements.

6a. Dance, Trance Dance: Dance that is experienced while the participants perceive themselves to be in an altered state of consciousness (eg. M twirls for a long time to experience such a state).

6b. Dance, Moving with a Perspective: Dance or movements that are initiated with a specific perspective or image in mind.

6c. Dance, Words Lead to Movements: Movements that are preceded by words said to the participant by the therapist, for the purpose of stimulating a movement associated with the words.

6d. Dance, Images in Movements: Images that spontaneously arise from dancing or that are meaningfully related to the participants' sense of their body-selves.

6e. Dance, Dance Improvization: Dance that is made up by the participants as they dance. Improvizational ideas may arise from thoughts, movements, or props.

6f. Dance, Parallel Moving with Therapist: Movements in which the participant and therapist are dancing in unison. An example would be when both are facing the mirror and performing the same *gestures*, *postures*, and rhythms.

6g. Dance, Structured Dance: Traditional dance movements or exercises, including ballet, modern, jazz, or improvizational dance forms.

6h. Dance, Kinesiology Exercises: Movements within a structured framework suggested by the therapist. An example of such a structured framework would be a constructive rest position (lying on the floor on one's back with knees bent at a 90° angle).

6i. Dance, Isolations: Movements in which the participants dance in a repetitive way with one part of the body while keeping the rest of their bodies still.

6j. Dance, Whole Body Dancing an Archetype: The entire body's movements present a symbolic character or animal. Overall, the body has an organic and authentic quality.

6k. Dance, Choreography: Movements that are consciously created as or unconsciously become part of a dance that continues to evolve within and/or outside the sessions.

7. Relaxing: This category includes movement descriptions pertaining to experiences noted by the participants as relaxing, calming, or peaceful, and observed as such on the videos by the participants and the researcher.

8. Role playing: This category includes movement descriptions related to active role playing, either in or outside the sessions.

9. Authentic movement: This category includes descriptions of dance-movements that occur when the participants are moving in an unprescribed manner, and which the participants sense to be spontaneous expressions of the self (natural or organic).

10. Interactional behaviour: This category includes movement descriptions that come from the context of the participants and the therapist moving together in some way (e.g. in a conversation, a dance, or a role play).

11. Touching: This category includes any movements that involve the therapist and participants touching in any manner (e.g. massage or holding hands). This may

happen in a dance or during an emotional moment when support is given by the therapist.

12. Expressing Self: This category includes movements that let feelings show in active as opposed to restricted movement. (This differs from authentic movement, which incorporates all organic movements in a dance as part of a spontaneous journey.)

12a. Expressing Self Within a Segment or Dance: Definite movements within a segment or dance that the participants perceive to be expressive (confirmed by the verbal dialogues).

12b. Expressing Self, Exploring Personal Style in Movement: Movements in which the participants are experimenting with variations of a certain action in order to determine whether the movement feels comfortable in her body (confirmed by the verbal dialogues).

12c. Expressing Self in Conversation: Movements during a dialogue with the therapist that are perceived as overtly communicative. That is, the gestures and postures are perceived by the therapist/researcher as relevant to the participant's overall expression of self.

12d. Expressing Self in Role Play: Movements found within the context of a role play that are perceived to be overtly communicative and relevant to the expression of self.

13. Movement Qualities (Effort-Shape): Movement qualities as defined by R. Laban include time (quick, sustained), weight (strong, light), flow (bound, free), and space (direct, indirect). See Appendix G for Effort-Shape definitions.

14. Space Usage/Floor Usage: This category includes movements that take on meaning for the participants with regard to where in space they move (eg. in high spaces, to the side, on the floor, or in a corner). These movements can include the efforts directed towards the floor, corner, chair, or ball.

15. Moving while Observing: This category includes movements during which the participants are particularly looking at the actions of their bodies or of the therapist such that there is a heightened focus on what is seen.

15a. Moving while Observing Self/Therapist in Mirror: Movements that occur while the participants watch themselves and the therapist moving simultaneously and looking into the mirror.

15b. Moving while Observing Self in Mirror: Movements that occur while the participants continue to watch themselves in the mirror.

15c. Moving while Observing Therapist: Movements that occur while the participants dance with and observe the therapist (no mirror).

15d. Moving while Observing Body's Movements: Movements that occur while the participants are observing their own body parts move (no mirror).

16. Sitting Behaviour: This category includes any behaviours that indicate a form of sitting.

17. Using Props: This category includes any movements that involve an object or a prop.

18. Play: This category includes any movements that the participants consider playful or fun.

Discussion Continued

All the verbal and nonverbal higher order themes were found in common for both participants. Some of the subsections of the higher order themes differ for the participants. That is to say, there are unique subcategories of the higher order themes in the movement experiences, but the overall higher order themes are found in common. For example, pillow throwing is used by one participant and not the other but still qualifies under the broader category as using a prop.

The disjunctive patterns illustrated by four subcategories in the movement higher order themes, can be partially accounted for when one looks at the movement background and developmental gaps or needs of the participants. D needed more use of concrete props to explore some movement experiences such as by playing with material or by using the balls. Body contacting a substance helped D experience support and texture. Although M could also have used the props, the therapist did not introduce them because M seemed to be able to explore the movement efforts brought out by the props by either her own use of imaginative space or by using the therapist as a living object. The third subcategory that was different involved using a prop for play. M often invented her own imaginary objects for play and it did not seem necessary to bring in a concrete object to enhance her play. In contrast, conjunctive patterns (common to both participants) were found for all verbal higher order themes.

Discussion of Higher Order Themes

This section discusses the meaning of these verbal and non-verbal higher ordered themes in order to explore into the meanings they have to the participants. Each higher order theme is considered with examples. The researcher reflected upon the essence of each theme and has stated this after each short heading, (e.g., self, feelings).

1. Self: The Participant's Sense of Who She Is as a Person. **Essence: Who she is as "self" was alive and constantly changing, but at the same time she perceived her sense of self through time and in time. It includes what the participant identified as self, yet continually formed anew. Who she belongs to her sense of personhood, including mind/body spirit and it is encompassing uncomfortable and pleasant feelings about herself as a living bodily-being (Umwelt). During the therapy the picture of who the participant was and is becoming bigger and more inclusive, since the participant began to accept more herself. This applied to both participants.** The participants contemplated and explored their sense and definition of self. At times defining the "self" related to a felt-sense of body-self, whereas, at other times it related to ideas about who they thought they were at an outer, appearance level or a deeper, inner level, or both. The body self is dynamic, moving and changing. It is about the lived sense of who she is becoming, that is how she experiences herself to be through bodily movements (pre-reflections) and thoughtful reflections about her unfolding self.

The "Self" higher order verbal theme includes any descriptions pertaining to the developing or the gestalt or archetypal "self" as described by the participants. These self descriptions are constructed from how the participants thought and felt about themselves.

Subcategory (1a) Self as Giving and Receiving: The Participant's Comprehension of Reciprocity Through Learned Experience. **Essence: This subcategory includes how the participant perceived herself during the learning or discovering of reciprocity while relating self to other and vice versa. These experiences included the moving body-subjective.** Perceiving the self as giving and receiving was communicated through statements about giving or receiving experiences which are perceived by the participants as significantly reflective of themselves as givers, receivers, or reciprocators. [For example, M states: "This dance continues between us until I experience one arm being very relaxed, and the other arm being given structural support by another body. I feel a contrast in tension. Our dance continues until a ritual occurs, where I give an offering to the earth. Giving this offering feels strong and supportive."] This is an example of how M both gives and receives from this experience. Countertension in the body is her felt balance. While making a movement offering to the earth she received a feeling of strength and support.

Subcategory (1b) Self Awareness Development: The Participants Accumulated Learning Experiences Which Expanded Their Sense of Realization of Themselves. **Essence: In order for consciousness or awareness to happen, the participants undergo a search for learning who they are and what they are about in the world, in their culture, in their life time, and in their relating to others.** Self awareness development statements are about events or thoughts which meaningfully relate to the self as growing in awareness. [M states: "My dance is highly attuned to an unfolding process in my movement. I become aware of the importance of the old and deformed image. I ask myself how I relate to this image, but I do not allow myself to dwell on this too much."] M notices that the image takes on significance to her during her improvizational dance. She makes a mental, emotional note of the old, deformed turtle, but continues in the experience of her dance and reflects further on how this image relates to her life after the dance is completed. This image takes on significance in her continued work on how she needs to attend to her age in experiences. [M notes: The inheritance/money (to be left in trust from her father) is affecting me. I want it to give me confidence and take away anxiety."]

Subcategory (1c) Change: Responses to Circumstances Which Initiate Alterations Within Self or Transformational Experiences. **Essence: The participants awareness of changes which affect her sense of self in terms of personal life changes and core perspective alterations.** Change relates to internal or external referents perceived by the participants. [M struggles to understand changes in her life: "I won't starve. I believe something will change, and that change will bring money. Financial pressure interferes with my creativity; it kills it, as well as my confidence. I don't understand my lack of confidence."] M expresses a knowing that money will come her way, while at the same time expressing the devastating effects from the threat of the lack of it. She begins to look within herself to take control of her external material existence.

Subcategory (1d) Self identity: The Perceptions of Self Which Consolidate a Self Image. **Essence: Perceptions of main attributes which the participants consider to be related to their character within a given context or time frame.** Self identity statements are those about who the participants see themselves to be. [M states: "I've never been this insecure about my work before. I judge myself as arrogant because I've never worried before. I'm worrying about being old-fashioned."] M has difficulty accepting her identity as it relates to her work as a choreographer and as an entrepreneur. She is particularly grappling to accept her self as vulnerable (humanly imperfect) since she thinks that she must put forth an expected "artist" image to the public and the dance world. D also has difficulty accepting her introverted nature. [D states: "Myself and my expectations of what I expect myself to be like when I go out -- I expect myself to be the social butterfly."] D has a history of being afraid of people and social situations, yet she expects her identity to be one of looking socially at ease and being entertaining (even when her new career is one that challenges this image almost daily). [D says: "I cause myself not to fit in by thinking that my peers are judging me."] [D says: "I want my perceptions to be more realistic. I need to understand that another person's attitude may be the reason for a problem in a relationship, and that it is not necessarily my fault...The instructor has a degrading attitude. My perception of the instructor's problems means that I know more about the teacher than she knows about me."]

Subcategory (1e) Self As Related to Food Comments: Such as When the Participant's Began to be Aware of Feelings Related to Food Behaviour. **Essence: Ps noticed and appreciated the significance of how they related to food and food rituals in manners which parallel their feelings rather than address their feelings directly. New insights give Ps impetus to face self destructive problems related to food and helped them learn to nurture themselves.** Self, as related to food issues are statements which relate to how food or nourishment are perceptually entwined with the participants' views about themselves as persons. Both participants were conscious of how they value being thin and were aware of wanting to control food intake and expulsion as a way of staying thin. [D states: "I think that I begin eating when I feel pressure. In the past, hoping to get rid of my anxiety, I would vomit, exercise compulsively, and shoplift, but this is no longer so."] Both M and D occasionally ate or drank alcohol for emotional reasons. M was aware of using wine to affect her moods and she was concerned about daily use. D had a history of abusing alcohol and drugs, but was only bingeing on food at the beginning of this therapy. D felt that she was dealing with her feelings in other ways, and accepting her body as bigger, by the end of the therapy.

Subcategory (1f) Perception of Self and Self-Consciousness: Related to What the Participants Focus Upon and have Feelings About. **Essence: This subcategory**

includes self-reflective comments about how the participants' account or view of themselves at any given moment further affect perceptions of themselves. D is very self-conscious about her psychological history and family background. Her perception of this background affected the way that she viewed herself as an occupational therapy student at the time of her sessions. [D states: "I am fed up with menial jobs. This was my main reason for going into occupational therapy. I do feel better about myself and this helps me have contact with people. I am hoping that occupational therapy will change things inside of me. It is possible that I would not have chosen occupational therapy if I had known what my relationships would have been like. Initially, I thought that I would not get into nursing, because I did not deserve it. I still wonder how I did it."] At the end of therapy, D graduates as an occupational therapist and marries. She goes on to work as an occupational therapist, and eventually to have a baby girl. These major changes reinforce a newly forming perception of herself as competent person who is capable of successful intimate relationships. However, she often felt that she had to fight the old perceptions of herself while allowing the new perceptions to be strengthened. Similarly, M was self conscious about her part in a relationship break up. She goes on to have two intimate relationships, one of which continues. She feels encouraged being an equal partner in this relationship, but still continues to battle the old self perception. [D put pressure on herself in her new student role, where she continued to feel undeserving and an impostor. She says: "I feel that I have to continue to achieve the honours level. Last year I felt a lot of pressure, but I still expected myself to do well. I expect myself to get along wonderfully with everyone, to say the right things, and not to be fearful or anxious."] [Later in the therapy D states: "My perception of myself is far from the truth. The evaluation exchanges between my instructor and I show that I am too hard on myself. I thanked my instructor for her evaluation and noted how much it helped me. I have trouble believing in my higher power and in spirituality in general, but I believe I am getting closer to my higher power now. I no longer expect it to do everything for me.]

Subcategory (1g) Self, in Relation to Therapy: Relates to How the Participants View Themselves and the Therapy Through Projection, Feelings, Thoughts and Degree of Trust of the Therapy. **Essence: There is a specific relating quality between the participant and the therapy itself. How the participants frame their therapy, as well as how their expectations and perspectives of themselves, affect the dynamics of the therapy experience.** This subcategory of the higher order "self" theme includes any statements that relate to the self within the experience of therapy, the movement therapy or any other therapy context referred to by the participants. [For example: D states, "I wasn't getting therapy because I was ashamed."] This statement underlines the importance of D bringing these feelings of shame into her present therapy.

Subcategory (1h) Self, in Relation to Others: This is Mitwelt or Relating Co-constitutionally. **Essence: This subcategory refers to statements that relate to perceptions of self and others in the context of the participants relating with others**. [D states: "I have a feeling I can help others with what I went through."] [M states: "There are others in dance that I see with this (bulimia) problem."] [With regards to M sense of separateness from others, M says: "If I was ever having a life-threatening disease, I would go away alone to deal with it.] The participants discuss their relationships with their mothers and their similarities to their mothers. [D states: "I am a worrier too, but my mother's worrying annoys me."] [M states: "The doctor thought that my mom had the same problem. I do not feel that my mother laid this problem on me, but she may have influenced me.] [D begins to explore her worrying compared to her mothers: "Ya, oh, no I'm a worrier too, hopefully not as bad as she is. I don't think so but uh, ya, it annoys me sometimes. Like she'll, she'll say, "Well do this and lock the door and be careful and... And even though I know it's her caring but it just annoys me sometimes. It pisses me off. And sometimes I, I act snotty towards her. I'll say something, something sarcastic. It just annoys me."]

2. Feelings: Emotional, Proprioceptive and Kinesthetic Experiences. **Essence: This category includes any descriptions related to emotions experienced by the participants which pertain to the ways they feel about themselves, taking into account many different contexts. It also refers to body subjective knowing of proprioceptive or physical feelings and kinesthetic or movement sensations.**

Subcategory (2a) Feelings Related to Therapy: Emotions Which Arise About the Therapeutic Experience or Being in a Therapeutic Context. **Essence: References to feelings towards the experience of therapy. The participants expressed a wide range of feelings towards their experience of therapy. In the beginning there was apprehension and excitement.** As their sense of control over their therapeutic experience grew, they felt pressure to get through their problems and into better feelings about themselves. They both felt thankful for the experience as a whole.

Subcategory (2b) Feelings Related to Problems: Varied Depending Upon the Participants' Frameworks, Temporary Level of Self-Esteem and the Extent and Number of Problems the participants were Facing. **Essence: References to the participants' feelings towards their problems as they perceive them. These feelings gave the participants feedback about what they valued and what sometimes motivated them to find solutions.** The participants framed their feelings,at times, as helpless. As the therapy continued, they reported that although they still felt sad and angry sometimes, they were learning to accept their feelings and address their problems with more realistic solutions. They were less critical of themselves and continued to allow themselves to be nurtured and to nurture themselves.

Subcategory (2c) Feelings Related to Life Events: The Affective Dynamic Arose at the Time of Various Events in the participants' Existence. **Essence: References to the participants' feelings arising out of their perceptions of events in their lives.** [D has self blame about her feeling depressed.] [M mainly talks about her feeling guilty when blamed by ex-boyfriend and feeling that she would be blamed by her father for bulimia if she told him.] In relation to others, D attempts to look at how she addresses her feelings. [D states: "I know that when I've been out over at Gary's last week and we were talking. I felt a lot of, like I said I felt a lot of pain and hurt for him because I know he's suffering and uh a lot of sadness for him. But I didn't do anything with that. I sort of held it in. I didn't talk to him about it or I didn't talk to anybody. I didn't cry.] [D states: I feel frustration at my work, not being appreciated.] [D emphasizes: "I have talked to my instructor about the necessity of having people bitch at me. I admit I am doing more bitching. I am learning not to take someone's bitching personally; for example, I will not let the attitude of a fellow occupational therapist disturb me."] [D says: "I feel fear and embarrassment at the thought of not making it. I am ashamed and try to hide it. I want to be happy and free and love myself. I am very committed to doing this. I want to be in control of my life and push away the negativity within me. I believe my feelings of guilt are unrealistic and I neither want nor deserve them.] [M states: I notice that my breath catches when my body says it's time to do meditation and relieve the stress. I am taking Aikido and enjoying it as a healer. I am fascinated by it and am learning from it.]

Subcategory (2d) Feelings Related to Kinesthetic and Proprioceptive Experiences: Include Movement and Bodily Felt Experiences During the Verbal as well as the Movement Sections of the Therapy. **Essence: References to the participants' sensed feelings within the movement therapy**

sessions, including verbal sections. The significance of these ways of knowing or experiencing within the lived-world comes forth in new perspectives and body oriented learning. The participants described feelings related to their movement experience. For example, the feeling of release in the spine after an undulating movement or feeling excited when doing a dance where her body felt pleasure. Participants would on several occasions describe how the movement felt. M did this throughout one session where she verbalized her kinesthetic and proprioceptive awareness as she moved. D would sometimes describe the sensations in her body while rocking on the big ball. [D states: "Very good! I always, I always like it when I, it feels good to be touched and I don't know but the sensations are really nice. I notice I was starting to relax my body parts, I could feel that when you first start massage or something, some of them would tense up but after awhile they would relax.]

Subcategory (2e) Feelings Related to Food: Any Emotional Response to Food or Food Rituals. **Essence: References to the participants' feelings about the role food plays in their lives.** The importance of food is conveyed by the participants' use of food as a way to handle their feelings and the toll that these patterns take on their bodies, their social life and their self/body images. As therapy progressed, D was able to feel less victimized by her need for nurturing. Ironically, food never really filled her emotionally, but as she learned to care about herself more, she felt less threatened by food. D stated: I am feeling encouraged about recovering from bulimia and changing this behaviour.] [M states: I talk about my eating disorder, bulimia, and how I cured myself of bingeing and vomiting when I could find no other help. I desperately wanted help. I feel that now I can help other dancers when they are told that they are too big, as I understand how it affects them.]

3. Relationships: Any Statements Made by the participants About How They Co-exist in a Co-constitutional World with Others. **Essence: This category includes any comments relevant to how the participants relate with others, and others relate to the participants.** [D states: "I am totally terrified of people. This makes a relationship with a man impossible. I do not feel close to my peers at school because I think I do not fit in; rather, I make myself uncomfortable."] [D also states: "I attribute my decision not to marry to my anger over my parents' divorce. My mother has been harping at me to get married.] As D expressed her anger with a strong bodily stance and verbally addressed her parents in role plays, she felt a release of some of their power over her body. She also felt a release of her sense of self-other restrictions

which she knew were affecting her relationship with men. Feelings related to anger, resentment, and hatred came up for both participants. [M had not connected the relevance of dancing when she was angry or bitter.] [I remembered the financial arrangements between my ex-boyfriend and myself, and I became angry for giving him money.] [I am angry because of the bitterness, but then I think that perhaps it was the bitterness that helped me heal.] [I am getting angry at others. Instead of turning against myself, I am searching for my anger.] [M also stated: "I really loved my ex, still do, but I hide it under bitterness; the sense of betrayal is still there".]

Subcategory (3a) Relationship with Therapist: How the Participants Think and Feel About the Therapist Within the Context of Co-constitutional Sessions. **Essence: Comments relevant to how the participants relate to the therapist and how the therapist is perceived to be relating to the participants. Communicating with the therapist facilitated the participants relating to and being with others. For example, the participants worked through assertiveness, feelings, love, anger and acceptance with the therapist and began to address these feelings with others outside of therapy.** [D states: "I do not want to infringe on Jo Ann's time because Jo Ann has a soft spot."] [Diana acknowledges that she was looking after JoAnn in a way and acknowledges her own need for time off.] There were many examples where D and M expressed a sense of closeness to the therapist, but in addition it was clear that the participants wanted to give and care for the therapist as well. [M states: "I follow Jo Ann's suggestion to let my unconscious help me move things as they need to release, and I let go of a lot of muscle tension.]

Subcategory (3b) Relationships in General: Includes Any Statements About How the participants View Self or Others, Relating in Relationships. **Essence: The participants discuss relationships which may include themselves viewing others or themselves in relation with others. As therapy continued, the participants related to others in more satisfactory ways as compared to statements made by the participants at the beginning of therapy.** [Doris and a friend went to see the film "Nuts" and enjoyed it: "Like last year I hardly, I didn't go out very much. Actually, this year usually I go out every week-end."] [D states: "'Cause it's not so much the externals, like sometimes it can be, like people are bitchy or people don't want to talk and stuff, but I don't need to put myself under that pressure which I do."] D feels a sense of pressure to be a certain way in relationships. At the body's emotional level, this relates to body sensation and pressure. "I expect myself to be a performer, to be this person that I'm not at the time and maybe sometimes I can be and sometimes I don't feel like being that way and I put that pressure on myself I don't feel comfortable being that. I'm feeling more nervous or into myself, you know?"] [D states: "It is easier to talk about men and sex with my brother than with my sister."]

Subcategory (3c) Relationships with Men: Significant Statements Made by the participants Involving How they View Various Men in Their Lives and What Their Experiences are when Relating with These Men. **Essence: Comments relevant to how the participants relate to men. Both participants had encountered difficulties in how they viewed themselves in the presence of certain men in their lives. They had continued to try to understand their fathers, boyfriends, and in D's family, her brothers**. D and M initially considered their experiences with men they dated to be less than satisfactory. Both were not in relationships when they started therapy. Presently, both are in relationships where they report feeling cared about and care for the men involved. The experiences of relating to men brought up issues about fathers and step-father (D). Both participants take a deeper inner look into parenting themselves, and loving themselves, as it related to fathers and lovers in their external worlds. M is an only child ["I'm attached to living alone -- it's preferable to relationships that I don't like.] [Concerning a relationship that M was considering, she stated: "The conflict is about me reminding him of his wife, as well as my liking living alone."] [M states: "I have trouble handling my feelings about the loss of a relationship with my ex-boyfriend"]

4. Body: Including Body Subjective or Any Statements About Parts or Whole Body Experience Such as Contacting Feelings Through Body Awareness and Increasing Awareness of Bodily Being. **Essence: This category includes any descriptions which discuss body parts or the body as a whole. The significance of body experiences were highlighted in many of the sessions. An appreciation of feedback about bodily parts, movements and sensations grew as the therapy continued.** As participants experience their bodily being through movement and proprioceptive experience (bodily feeling), they appreciated embodiment as not only being one's body, but also as a way of immediately relating to the world through body and discovering bodily thinking. This bodily thinking allowed them to discover an expanded sense of themselves, inner direction, self-healing, also improved centeredness, groundedness, and wholeness. The body-self became a creative component of the self, integrated and synchronous with their life-direction. The body-self became immediate through pre-reflective bodily experiences.

M and D both talked about injuries they inflicted on themselves during exercises or dance outside of the sessions. They each observed the syntonic interplay between their physical injuries (or well-being) and their emotions, either about themselves or others. In the hands-on body work parts of the therapy, each could accept the touch of the therapist. They experienced this touch as relaxing, healing, warming and interesting. They learned more about their body muscles and their bones. [For example, M states: "I go into a thin *horizontal* movement. I begin an undulation of my spine and then I lift my arms at the elbows."] [M states: "I think that I feel fear and pain because of back injuries. I'm coming out of it, this pattern, after many years."] ["I have to watch it when I do a lot with my body. I notice that my breath catches when my body says it's time to do meditation and relieve the stress."] [M states: "My body hurts as I am talking about being rejected by my granting source."] [M states: "My body tells me to finish [rest], but I think it's all in my mind."]

5. Lived-World Activities: The Participants Related to Structuring Their Lived-World Activities in Terms of Compulsivity, Need for Security in Routines and More Control Over Self/Other Directives. **Essence: Participants included routines in their lives which called for functional actions and controlling behaviours. Re-evaluations of these activities and their control over their lives occurred within the therapy.** For example, D looked at the number of times she went to gym and M questioned herself about having other people do choreography for her and the kind of dance classes with which she wanted to be involved. D described how she hurts in her stomach when she forces herself to do an excessive number of sit-ups. She examined her own abuse towards her body movements. M described how she wanted to attend to her body-self and not keep injuring herself through her dancing.

Subcategory (5a) Lived-World Activities, Functional: Practical Living, Taking Care of Self Activities. **Essence: Any statements indicating how the participants function in the world (in activities such as cooking or going to meetings). When the participants discuss how they function in the world, they talk about activities they like or do not like doing. Therapy presented the opportunity to re-examine choice of activities, avoidance of activities and feelings about themselves in relation to activities.** These activities allow the therapist to gain more of a full sense of the perspective D and M have as they engage in Mitwelt. D does not like to cook much, but neither has she learned to set up proper cooking arrangements for herself. As a therapist, I connect this to a lack of parenting as well as a lack of encouragement to seek this activity out on her own. Questions arise in my mind: Does D hesitate to parent her own self because she does not know how, has she not had models, or has this behaviour a psychological root which suggests that her behaviour will change as she can learn to accept parenting from others and herself? During therapy D presented her concerns about cooking, parenting, and career future. At follow-up, a year and a half after the therapy, she reports that she has a home atmosphere and routine, cooks for self, husband and child, and feels happy about her career as an occupational therapist.

Subcategory (5b) Lived-World Activities, Controlling: Both the Participants Initially Showed a Display of Excessive Efforts to Control Their Life Activities, but Described Themselves as Feeling Out of Control with Their Emotional Responses to the World that they had Partially Created for Themselves. **Essence: As the participants feel inner directed and choose their activities in a more balanced manner, they did not need to exert as much felt sense of control while, at the same time, they experienced more control of their lives.** Descriptions relate to how the participants control their world through their activities. In the beginning, D tried to control her world through going to gym work outs almost daily. D was under the spell of the belief that if she stayed thin, only then she would be acceptable to the world. M tried to control her activities constantly applying for grants to support her work. Neither participant felt that their excessive efforts were doing what they intended. [M stated: "I believe my art work needs to be subsidized. I feel anger at the government."] In terms of controlling the eating patterns, M states: "I talk about my eating disorder, bulimia, and how I cured myself of bingeing and vomiting when I could find no other help. I desperately wanted help."]

6. Reflections about Therapy: Included Reflective Thought About the Whole of the Therapeutic Experience Including the participants' Sense of Self-Healing, Self-Acceptance, Personal Struggle and Interactions with the Therapist. **Essence: Any descriptions of the participants' experiences of therapy, for example, body image experience as a catalyst for further self-acceptance. These experiences affirmed for the participants a bigger picture of their own lived reality which they could then bring into their lived-world outside of therapy. Taking time to reflect allowed the participants to appreciate themselves and the fullness of their beingness.** D and M offered insights into how they experienced movement therapy. [M states: "I was already in a dance class just prior to this session, but I need to make the transition in emotion and thought to the present session, so I was eager to go along

with Jo Ann's suggestion.] [M also stated that she experienced a series of traumas and needed therapy, although she did not actively seek it out.] D experience her body as looking more graceful when she saw herself on the videotapes. She also acknowledged a sense of strength in her body which was not about muscular strength but came from an inner sense of having rights to her feelings and a right to be herself. M reflected upon her dance experiences in the therapy freeing her in her creative capacity and at the same time letting her acknowledge her own strengths, which involved vision, administration, and choreography.

7. Time: Movements Facilitated Being Present in Time and Reflections Facilitated the Participants' Sense of Past and Present, Whereas Future Projections were Possible in Role Plays. **Essence: The participants had a relationship with time such as pressured by time or frequency of workouts versus aging and wanting to accomplish goals within certain time frames.** D's and M's experience of the passage of time, frequency of events, and linear sense of time related to their being in the world. That is to say, their projection of time and perceptions of time interacted with how they saw themselves as succeeding or failing in time. At the beginning rather than being present in the moment of the lived experience, the participants frequently lived within an ek-static position, meaning that they were distanced from themselves in the moment and focused on the past or future rather than the pre-reflective present. During the therapy, they were encouraged to be present in their experience and less quick to evaluate or judge themselves. In other words, by slowing down their automatic thinking or presuppositions, both M and D were able to take the time to look at movements which ordinarily would have been taken for granted or left unexamined in everyday conversation. [M states: "I am fighting time and schedules. Time is no motivator for me. I think that I am losing the fight with time because of overestimating physical capabilities. I am disappointed over not achieving more/failing/wanting more."] [She also states: "I believe it was my duty as an artist to volunteer my time. A master teacher instilled this in me. I believe my art work needs to be subsidized. I feel anger at the government."] M experienced time as a referent to be fought and a viable opponent that was winning as she lost. This could be an example of an existential sense of limited time that we have to live.

M had a conflict -- if she volunteered time, why didn't the government volunteer money. [D states: "I hurry to finish all of my work so that I can relax later, but the "later" never comes. I clench my hands."]

8. Family: Reflections on Ambivalences Towards Family Members. **Essence: The participants reframe their**

relationships with their families by reflections on memories. They have ongoing discussions about presenting interactions and role play future projections of how the participants would like to be with their families both in terms of body and verbal relating. When the participants discussed memories of their families and related experiences which affected their sense of self, there was a mixture of longing for what was missing while they denied many of the feelings related to the statements that they made about their families. (Ambivalence) During the therapy sessions, they both became more willing to accept their own lived perceptions of living within their family environment. They both looked at how they incorporated their family learnings within their own body-selves. For example, family expectations, family movements, family beliefs, and family myths all influenced how they perceived themselves and their world. Family movements were addressed within role playing and dance improvisations. The following example shows children trying to take care of mother. ["And when my sister went to pick her up at the airport Mom was sick again and uh didn't want to go to the hospital down there for money reasons and other things and she was scared so she came down here and she went to the hospital and um she has an infected bladder. I sort of figured that out from what the symptoms were. But she's also had other problems. Like she's been sick, I've told you before that she's been sick for a few years and nobody can really diagnose it. And like I say I don't know, like I sort of feel hopeless or helpless in that area cause I can't do nothing for her. And I think my opinion is it's probably related to stress. Then again sometimes doctors can't diagnose everything. Maybe they're missing something."] [M states: "I am a mix of my mother and my father. My mother is poetic."] [D states: "My mother came back sick from Arizona. I think that my mother is sick because of stress."] [M states: "My mother is going through weight loss problems now and being "unvain"; she is talking more about her childhood, -- the results of diets that she went on at age 14.] [D states: "Well she (mother), I don't know because she doesn't really tell or say what she's feeling. She keeps it in so I don't know if she's feeling depressed inside."]

9. World Relationship: Participants Talk About how Their Perceptions of the World Changed as they Experience Themselves Differently. **Essence: This higher order theme includes aspects of pre-reflective experiences lived by the participants within their world.** For example, when D could experience empathy for her supervisor after having role played this position, she then experienced herself as an empathetic person in relationship to people in authority, specifically her supervisor. Similarly, M began to feel more accepting of the larger world of dance as she became

less dependent upon a few sources of financial grants. Entwined with this was her way of relating to herself as a successful choreographer and dancer in both South America and Japan. Her way of relating to herself changed as she accepted herself as being able to relate on a world scale and to stop defining her dance world on the basis of the critic's judgement, her own and others. By looking for the critical part of herself, she was able to reframe the value of criticism in the world as well as the tyranny of mis-directed criticism. Parental influences played a large part in forming the participants world view. M states: ["My mother has not changed a lot over the years. I'll tell a bit about my parents. I didn't realize all women weren't equal in society, for example, in terms of wages, because my mother earned more than my father. There was not a question of divorce between my parents. People were thinking that my mother was having an affair.] M wants to believe her mother, but M also begins to recognize her mother's *shadow self* or devious side. [D stated: I am becoming aware of my anger towards my father. Keeping things inside makes me angry and miserable. I have a self-warning-protection as a coping mechanism.] [M states: My father is an old-fashioned Catholic and very protective. My mother is a good thinker. I talk about how they influenced my values and my thinking.]

Subcategory (9a) World Relationship, Eating World: The Gestalt of a World Viewed from the Perspective of Eating, Digesting and Vomiting Food as a Substitute for Feelings. **Essence: As the participants separate feelings from food activities and from the early learnings about how to handle their feelings, they began to feel better about their eating/substance habits, but moreover, they express feelings without abusing food.** Statements about how the participants perceive themselves in relation to the world of eating and its related symbolic values (such as showing love by offering food or denying food/love to oneself). [M states: "I think about movements being made, what movements do to me. I also think about what I've eaten, how I should watch my eating more -- regulate it, and why I'm that way about food."]

Subcategory (9b) World Relationship, Loneliness in World: Isolation as a Felt Experience Related to not Being Able to Express Their Authentic Feelings to Others and not Feeling Understood and Accepted by Others. **Essence: At the times when the participants most needed to tell others of their pain, they would often go off by themselves and experience angst and loneliness.** For example, D was often embarrassed for expressing affect related to loneliness and, therefore, this loneliness often enveloped her as it did when she was ten years old and was expected to look after herself. M viewed the world as nothingness for her and had great grief that even though she strived to make her mark in the world, she felt dejected and empty. Both participants changed this way of relating to the world during therapy, so the world was seen as a less isolating place as they nurtured themselves and accepted their feelings.

Subcategory (9c) World Relationship, School/Work/Classes/Places to Express: Both the participants Compensated for Some of Their Emotional Needs by Structuring School and Classes. They Found Places where they Could Express Themselves. **Essence: By expanding their lived worlds to include places where they could succeed and be challenged, the participants sought to make a place for themselves within the world. Such places structure the participants' world.** The participants examined their relating to school and work. Both felt that they could improve their state in these places by looking into themselves.

Subcategory (9d) World Relationship, In Childhood: The Inner Child of the participants Related to the World in the Past and Still Relates to the World in the Present, Even Though the participants are Adult. **Essence: By attempting to recognize how the participants still move and act from a child's stance or perspective, the participants were allowed to reclaim and to continue a therapeutic process around unresolved emotional issues of childhood. These issues affect the way the participants exist within their present lived-world.** Statements that refer to the participants' perception/memory of their childhood or how these perceptions still affect them. D and M had contrasting feelings about their childhood. D felt alone, angry and hurt about her childhood. M felt that she had a very happy childhood except for some of her school experiences.

Subcategory (9e) World Relationship, Belonging/Not Fitting In: Embodiment Within the World Rather than Disassociation Relates to the participants' sense of a Secure World Versus an Threatening or Rejecting World. **Essence: The participants experiences of their own existential rite for being within the world were facilitated by moving in a number of contexts and discussing feelings that arose about being present, longing to fit in and letting go of old resentments about their past rejections.** [D states: "I wonder what I can do when I feel incompetent. I have thought of walking away or shutting myself off from competitiveness, negativeness, and bitchiness; it has been hard to do. But I do not want to be like this; I want to fit in more. I am judging myself and struggling to fit in.] ["That even though I don't want to use drugs to help me to function socially, I still have a problem in that area of functioning as a social person, like I have to work on it. And it's scary."] Both participants want to find more ways to be comfortable in the world. M often feels that she is shy but this is not understood by people.

Subcategory (9f) World Relationship, Participants' World Picture: Refers to a Perception of the Whole World as Seen Through the Eyes of the Participants. This Higher Order Theme Involves an Abstraction Which Affects how the Participants Feel About Living Within the World and Being Part of the World. **Essence: The Gestalt of the participants' world perception changed as they connected their own bodily experiences or bodily images to a more global sense of life. As they became internally focused, they projected their internal visions on their relationship with the world. This involved not only self-other reciprocity, but also abstract concepts such as life purpose, hope, death and art.** Statements described the world in general as seen or pictured by the participants. D described her world in various ways throughout the therapy. She began by feeling that her OA world wanted her to conform but she felt that her experiences of "God" or a higher power must be personal. The participant's world picture was one where she needed to look thin and attractive if she was to be loved and even then she might not be loved. Later on, she felt the world and herself as more benevolent.

M's world picture also changed throughout the therapy as well. Initially, M recognized her world as nothingness, but later M felt more connected with an inner purpose and with a sense of her feminine creativity where she began to create anew.

10. Cognition: The Participants Became More Aware of Their Pre-reflective Thoughts Which in Turn Influenced Their Thinking as a Whole. **Essence: This category includes any descriptions that incorporate comments about how the participants think.**

Subcategory (10a) Cognition, Philosophy: Statements Concerning how the Participants Experience Sensory Modalities, Such as Visual, Auditory and Kinesthetic Pre-reflective Experiences. **Essence: The participants became aware of how to tap into their preconscious or pre-reflective thinking especially as it related to creative perspectives of their world views.** M stated a sensed world of pollution and inhumane values as she had revealed through dreams. D believed that she was a reflection of how she handled money in her life. She made it through but did not allow herself any treats. This began to change as the sessions continued. ["I started to compare my issues with the ecology and politics of the day." (explanation -- as a habit or way of being, M used to think about the environmental issues as exterior to self, but now recognizes them as interior as well]

Subcategory (10b) Cognition, Spirituality: Direct Experiences of Altered States of Consciousness Such as Those Induced by Twirling or by Near Touch. **Essence: The participants' descriptions of being moved spiritually from within both bodily and cognitively**. Both participants were insecure and unsure of their spiritual life. M felt that organized religion was oppressive but she still identified with her Catholic upbringing. Her lifestyle often contrasted with the rules of her church. D had difficulty feeling her own spiritual higher power because she and always thought that control was outside of herself. As the participants felt emotionally moved during several of the movement experiences, they had thoughts about their own developing inner spirituality.

Subcategory (10c) Cognition, Ambivalence/ Confusion/Conflict/Splitting: As the Participants Reflected Upon Polarity Experiences Within Their Movements, they were Able to Bring to Their Awareness new Insights About Their own Inner Feelings. **Essence: By bringing new thinking awareness to conflicts, the participants were able to address their emotional splits and ambivalences and to move on to new solutions and bodily stances**. Dual or multiple thoughts or conflicting feelings about any issue in the participants' lives. M states her thoughts on her confusion about her cancer: "My experience doesn't help me to attain grants."]

11. Other people the "They": Includes the Participants' more Emotionally "Distanced" or Abstract Comments on Groups of People (Such as Prostitutes, AIDS Patients, or Cancer Patients). **Essence: Often the participants discussed at a distance that which they did not like to identify with, but which had profound effects on their life such as death and helping others or not**. M had conflicting thoughts and feelings about her strengths and so called "weaknesses." She would want to believe that she could be submissive in a relationship, but when she did this, the relationship fell apart and she was accused of dominating.

D had ambivalence about her mother's sickness--how much should she feel for her mother and how much did she believe that her mother brought on her own problems and needed to take responsibility for herself. "The they" comments often include feelings that the participants did not want to own in themselves but put onto those who prostitute, those who have AIDS, those who decide the grants, those who have the power. In therapy, when these issues were brought closer to their own psychological selves, the participants began to look at how their feeling selves were very related and intertwined with aspects of other people or the "they."

12. Sex, sexuality/feminine/masculine: Including the Participants' Ideas About their own Femininity and Masculinity as well as Femininity and Masculinity in their Partners and Family Members. **Essence: Defining the participants' own acceptance of femininity and masculinity including ways of experiencing these in the world, became a challenge for both of them. Both did not experience themselves as performing what society was expecting of them in these roles.** The participants frequently introduced feelings/thoughts about their sense of sexuality and the presence of a lived feminine or masculine self. M was particularly focused upon how her sexuality had been almost understated as a child and adolescent, and that sexual roles seemed difficult for her to understand and use. [D states: "It is scary talking about my sexual self; I feel I need to work on this and talk about it more."] [D states: It is easier to talk about men and sex with my brother than with my sister. I took a family studies class and enjoyed it because I had never talked about sexuality so openly before. It is easier to accept my experiences as normal when other people have had the same experiences; I no longer feel like an oddball.]

Conflicts with sexuality (others' behaviour towards her): Statements where the participants indicated her inner conflict with her sense of her sexuality, or her thoughts or feelings about others' sexual behaviour towards her. [D states: "I feel I have to be careful about sex and learn to say "no" because of AIDS."] [D states: When I was a child, my sister used to tickle me until I thought I was going to die.]

13. Movement: This High Order Theme Includes Dances as well as Exercises or Mundane Gestures and Postures Within the Therapy. **Essence: The participants became highly sensitive to how movements led them to new solutions for expanding how they lived in the world and felt within their bodily existence. By moving in new ways, they often experienced a sense of novelty, humour, self-revelation and creativity. Dances induced feelings and images which often brought forth a healing effect on their emotional selves. In addition, the movements themselves could lead them to appreciate their own movement within their lived world, not only physically, but psychologically.** This category includes any statements about movements -- dancing, breathing, exercises, or thoughts about movement experiences. [D states: The movements we are practising feel good in my calves, coccyx, neck, and lower back. I relate an experience I had when I was listening to music at

home and felt like dancing. My bones crack while we are working out. The swinging of my arms feels good. I have an image of myself as a little ballerina. I feel that what I am doing releases my tension. I wish my mother had put me in dance when I was little. Dancing for others when I was a child felt good.] ["It was good to talk about going out to square dancing and to feel good about it, to be able to state that I recognized it as such."] D's experience of dancing was quite different from that of M, although both felt dancing on a whole was a pleasurable experience in their lives. M felt that performing was always part of her dancing except when she was in some movement sections of her therapy. In the following quote M is thinking about her felt experience that just happened and wondering whether her *bound* movements or the tension in her body could soften while at the same time she could be more in touch with her *strength*. ["For me, wanting something 'badly' doesn't resolve it. Perhaps the question could be, "Is it just a habit -- wanting it?" I would like to see differently -- to not judge or compare myself with others. This is my biggest block; wanting to be better is an ingrained habit that doesn't help. I am sad about this. I don't need to judge myself, as it is a destructive habit, and softness towards myself doesn't have to be a weakness. There would be more strength, if softness and strength could balance.] [D is observed in a movement section with the therapist. D's story states: "We walk quickly. Jo Ann tells me to brush the anger off my shoulders. I brush my hands down my arms. We run and let the anger fall off our shoulders as we run. Jo Ann says the anger is behind me. I want to go fast, then. I pass in front of Jo Ann. Jo Ann grabs my anger and gets rid of it. Jo Ann asks me to check inside. I stand and breathe deeply. Jo Ann asks me what comes to mind inside me. I touch my chest and I feel constriction. My chest does not expand enough when I breathe. My chest feels tight and tense. Jo Ann and I sit crosslegged and face each other. We do a meditation. Jo Ann says that we are going to ask inside what needs to be done in terms of the heart."]

14. Aesthetic: Included Movement Dynamics and Time and Space Elements Which the participants Appreciated as Enriching Their Lived-Worlds. **Essence: The aesthetic experiences assisted the participants in making the transitions from a sense of lethargy to excitement, grace, interest and wonderment about their own dancing and moving selves**. This category includes any statements that refer to art, poetry, music, dance, grace, or beauty as perceived through the senses of the participants. D noted that her movements looked graceful when she saw herself on video. M felt that her improvizational dances, created in the movement sessions, had an important dynamic and aesthetic rightness to them that pleased and surprised her. She had

been searching for a renewal of this aesthetic and had felt in conflict about her choreography and lack of it when she initially began the therapy.

15. Symbols: Abstract Bridges Between Sensory Modes and Ways to Access Deeper Levels of Psychological Experience. **Essence: By exploring moving images or images that were put into dances, the participants allowed themselves to unfold relevant and meaningful information about their own healing process or solutions to their problems. By physicalizing symbols, they went further into their body subjective and personalized their own embodied knowingness.** Symbolic representations of ideas involved kinetic images, visual images, and abstract ideas that were seen or experienced by the participants during their sessions. Such symbolic images were reflected on by the participants as well as lived in through the dance images. For example, upon reflection on a symbol, the participants would sometimes name the archetype or the character that they embodied symbolically. In pre-reflective symbolic experience, they would become the animal or the creature through a whole body or a partial body experience. Through these experiences the participants would lead themselves to new kinesthetic learning and physiognomic knowing. These experiences would then be integrated into a sense of a new "moving self", expanding their repertoire of self as a moving person. [D says: "I imitate a tree in my dance as I saw others do in a video. I am aware of a sensation of pain in my head, but my back pain seems to have lessened. I remember how difficult it was to read my letter and describe the emotions it brought up. I feel I need to make a conscious effort to change and accept my condition, instead of getting frustrated as I usually do."]

Discussion of the Meaning of Higher Order Movement Themes

1. Transitional Behaviours: Movements which are meaningful to the participants' lived-worlds, but which occur in the periods of time between the sections of the ongoing therapy session or at the very beginning of the actual therapy session. **Essence: Transitional movements are those movements which act as time-out for the participants to centre self or recuperate their own space, or to prepare a direction as felt in their body feelings. Another type of transitional behaviour is the actual way that the participants enter the session and set the tone for the session in their greetings.**

1a) Readying/Preparing

The participants valued time to turn inward or warm up through breathing or bouncing a ball while getting ready to either move or talk about their feelings. Some of the readying is functional, but many of the movements take on symbolic meanings which indicate that she is connected to a therapy atmosphere and to a responsibility (response ability) for the direction of the session in terms of her part.

1b) Waiting

The participants had some quiet waiting time when they were not preparing for the next part of the session or to begin the session, rather they were behaving in ways that expressed their moods (bouncing a ball quickly) in contrast to sitting and looking around the room patiently.

1c) Greeting Behaviours

The tone of the session was frequently set by how the participants greeted the therapist nonverbally. Such behaviours as smiling contrast with sitting tight and staring at the floor while playing with kleenex. The participants demonstrated a wide range of greeting behaviours which influenced how the therapist approached the session.

2. Directional Behaviours: Spatial or directional Movements Demonstrated and Sometimes Observed by the Participants in their gestures and Postures. **Essence: These movements give non-verbal cues at a pre-reflective level about progressing towards a more open feeling, advancing towards a solution, or body-closeness to the other verses withdrawal into fear or helplessness, retreating from a problem or sometimes retreating to gather resources inwardly. Directional behaviours can also be found within ambivalence as when more**

than one direction is being indicated. Hiding or covering indicate a going under for safety and are related to emotional pains and a need for protection.

2a) Going towards (advancing).

Moving towards the therapist or a role played character often communicated specific messages that ranged from wanting more closeness to asking for support.

2b) Going away from (retreating).

Moving away from the therapist/or a particular character, such as in a role play indicated a desire to retreat sometimes to regroup feelings and sometimes to protect herself. Bringing these movements to the participants' attention helped them to evaluate the meaning behind their actions and take more choice in their actions.

2c) Withdrawing behaviours.

The participants move to withdraw for many reasons, but the context is very important. For example, withdrawing from an abusing role played parent was clearly a problem for D.

2d) Ambivalent movement behaviour.

The participants became aware of contrasting movements which showed opposing directions or conflicting feelings. When the participants were making a movement forward with one foot and backwards with the other foot, such action was looked at and considered by the participants in terms of their inner conflicts. Sometimes recognizing the conflict helped them come to the point of choosing a direction.

2e) Hiding behaviour

The therapy experience of hiding became symbolic of how the participants felt about wanting to hide in their life when they were overwhelmed or at other times about how the participants felt when they tried to hide their feelings.

3. Habitual Behaviours: Movements which the participants do in a customary manner, often with little awareness unless it if brought to their attention or until they view themselves on video. **Essence: The habitual behaviours are often cues to emotional concerns that the participants ritualize by self stimulation of which they are seldom aware. The need for self nurturing can often be demonstrated by the participants looking more closely at these pre-reflective behaviours.**

3a) Fidgeting behaviour at specific times

Although the participants did not generally talk about their fidgeting behaviours at the time unless the therapist drew attention to them, they did notice them on the videos. These behaviours were *shadow* movements.

3b) Habitual behaviours: Grooming behaviour

The participants would groom their hair or feet. These behaviours would often occur when the participants were doing regressed behaviours, i.e. that is talking about feelings from childhood or wanting nurturing from the therapist. Most of these behaviours were not consciously being performed, but rather were seen in the videos or when the therapist drew attention to the behaviour.

4. Self-care behaviour vs. self-destructive behaviour: Movements that the participants recognize as giving themselves a feeling of self-care are often nurturing and desired when brought to awareness. Self-destructive behaviours are usually rejected by the participants once they become aware of the attitude of contempt shown to their bodies by these behaviours. **Essence: In the therapeutic context, the participants learned to be more aware of how they were physically treating their bodies and the attitudes that they enacted out on themselves. This awareness was brought about by looking at the therapist show the behaviour that the participants did to themselves, having the feeling intensified by doing the action in an exaggerated or minimalized form, and/or by seeing the behaviours in the context of the conversations on the videos and reflecting on the desirability of this behaviour to the participants.**

4a) Constructive

Hugging self (Self-care behaviour). Constructive self-care behaviours brought hope and sometimes fear to the participants as they learned to nurture themselves and accept this kind of need within themselves.

4b) Destructive

Hitting self on the leg. The participants were often unaware of their destructive behaviours until they were pointed out to them on the videos or pointed out to them by the therapist. The participants both agreed that they did not want to continue being harsh or contemptuous to themselves through these actions.

5. Confrontational behaviour: Movements which were forceful to someone or something within given context of dance, role

plays, and movement enactments. **Essence: The participants wanted to learn more effective boundaries and behaviours that left them feeling less depressed and overwhelmed by forceful or abusive behaviours of others.**

5a) Assertive behaviour

Standing firmly while verbalizing assertive comments during a role play. Both participants felt excited about these new self-affirming behaviours.

5b) Aggressive behaviour

Kicking the ball. D was looking for safe ways to express some of her anger and rage. She felt a sense of relief at being able to express her feelings towards a big ball and not really hurt anyone including herself.

5c) Directly confronting behaviour

Pushing critic away. Both participants found it important to physically feel themselves pushing the invisible critic away. By concretizing the critic role played by the therapist, the participants needed to engage in their strength as well as think about how they allowed the critic to push them around.

6. Dance: The Higher Order Theme of Dance Includes All Movements that the Participants explore in Dance or Exercises Related to Dance. These experiences feature the body and psychological experience of movement expressions and creativity, beyond everyday gestures. **Essence: Dance allowed the participants to get in touch with their moving self in a way that transcended or surpassed their usual behaviours. For M, the dance experience of dance therapy allowed her to explore edges or limits and to connect emotionally with movements in a dance to which she would not usually move. For D, the dancing in the therapy allowed her to look at her feelings about herself as a moving person.**

6a) Trance dance

The participants twirled in some of the dances. M twirled for an extended period of time and experienced a sense of altered state. M wanted to find a transcended experience and to push her limits by twirling excessively in a twirling trance dance. D liked to explore the spinning action, which was still novel to her, in a more moderate way. The meaning of these experiences had to do with exploring centring, letting go of control, testing limits and novelty.

6b) Moving with a perspective

Example: D is moving while having an idea about moving such as remembering her jazz class or walking like an occupational therapist on a busy floor. D talked about how she liked the feeling of moving in a jazz way and how she could more clearly see how her state of mind is affected by the busy demands of work.

6c) Words lead to movements

Example: M was given words that came from a theme that had been developing in a conversation. M moved and freely associated to these words in movement. M stated that she felt that her movements gave her new insights into how she thought about greed, power, and failure.

6d) Images in movements

Images came forth from the dances such as an old deformed turtle (M). These images were important because they offered new insights to personal, inner life meanings.

6e) Dance improvisation

Both participants explored improvized movements within the dance context. Ms extensive experience with improvisation, led her to more elaborate images than D. Both participants found the improvisational movements beneficial to their unfolding selves.

6f) Parallel moving with therapist

When the participants and the therapist moved together, various reactions from the participants were noted such as the participants enjoying the dynamic contact versus feeling quite self-conscious about their movements.

6g) Structured dance

Structured dance exercises assisted the participants to focus on particular body juxtapositions and body parts. They liked the educational component of this part of the therapy.

6h) Doing kinesiology exercises

The participant found the ideiokinesiology exercises, i.e. those exercises which used imagery and joint movement very relaxing and useful to their alignment.

6i) Isolations

Exploring control over the body in terms of being able to move some parts and not other parts or feeling the drama of unusual counter tensions during isolation movements, allowed the participants to be challenged by these movements as well as feel an enriched sense of expression.

6j) Whole body dancing an archetype

The participants derived a great deal of pleasure from exploring these archetypical characters through their body expressions although some of these archetypes were *shadow* figures, the participants still became energized within these experiences.

6k) Choreography, actively developing a dance

M was very excited about her ideas for choreography that happened within the sessions as well as outside of the sessions. D was surprised at how the dances that she improvised came together in a choreographic form even though the results were not as elaborate as a trained dancer's choreography.

7. Relaxing and Tensing: The participants recognized that exploring tensing as well as exploring releasing helped them to sense what was going on in their body-self. These tensions were connected to associations in their lives. **Essence: By exploring breathing, tensing muscles and releasing muscles, and taking time to let in pleasurable feelings of relaxation in the body, the participants experienced a range of body/mind/spirit sensations and associations. For example, they became more aware of old spasms or tensions, of which they had not been consciously aware. They could confront these old residual feelings only when these feelings were brought into their awareness.**

7a) Attempts to relax

The participants often approached relaxation through laying on the floor and allowing their breath to be changed by this horizontal position.

7b) Breathing

The participants explored high, low and medium chest breathing as ways of increasing their control over what usually is considered an unconscious involuntary action. Sometimes, movements themselves were rigorous enough to make changes in the breath patterns and at other times, they were calming enough to evoke a slowing down in the participant's activity.

7c) Relaxing and tensing behaviour

The participants explored the contrasting bodily felt sense of flexing and releasing muscles in order to become aware of where they were holding tensions.

7d) Feeling pleasant or good in the body

While relaxing, the participants allowed themselves to feel pleasant sensations in their bodies, some of which were feelings that they had not experienced for some time because of emotional or defensive reasons.

8. Role playing: Movements enacted during role plays added the possibility of more combinations of movement qualities in specific contexts of emotions relevant to the participants. **Essence: Movements enacted during role plays tended to expand the participants usual repertoire of movement qualities. Through the "as if" perspective of roles of self or others, the participants were able to let their bodies experience new effort combinations and new movement punctuations or accents of emphasis.**

8a) Parts of a dream are role played by the participants

The participants explored their dreams by actively moving them as well as talking about them. They would become a swollen cheek or an oil rig depending on the symbol of the dream. Each of these parts were felt as they moved in and through their bodies bringing new kinesthetic and proprioceptive understandings.

8b) Role playing other people

The participants began to role play their boyfriends, parents or working colleagues in order to better understand their relationship with these people by moving themselves in the other's shoes.

8c) Parts of self/feelings from remembered events

The participants explored criticism that they felt directed at themselves by themselves. By doing both the victim/survivor role and the critic role, they began to explore their polarities and contrasting feelings.

9. Authentic movement (self): This kind of movement experience allowed the participants to a) explore spontaneity of dance, b) allow for time to experience the

organicity of movement (i.e. following sensations of their bodies) and 3) to turn inward for inspiration from their body-subjective during dance. **Essence: By tuning out external representations about how to dance and by turning more inward in focus, the participants were able to further their awareness of their bodies' needs for healing and expression. By moving in this manner, they felt nurturing, emotional release, and a sense of discovery about their bodies' wisdom.**

9a) Explores moving of whole body from a spontaneous organic inner body self.

The participants were initiated into authentic movement at the suggestion given by the therapist. The participants liked and struggled with the intense unfolding of the body movements as they spontaneously arose in their own timing and their own body form.

9b) Explores moving a body part/acknowledging experience of body part.

The participants explored the movement of various body parts throughout the therapy. Sometimes, a body symptom arose in a particular body part which they explored through moving and listening to the associations that arose in their thoughts.

9c) Allowing the dance (being moved)

Occasionally, the participants felt that the dancing took over and moved them, not only physically, but emotionally in a way that surprised them.

10. Interactions With the Therapist: Sections where the participants are moving or dancing with the therapist provide communications about their relating style and emotional exchanges. Movements flow between them forming a number of important congruencies or incongruencies between their conversations. These serve to give feedback to both people. There is a dance, in conversation and in the more notable movement sections. Sometimes specific events, such as separations, were accompanied by special dances, such as a departure dance. **Essence: In movement therapy the actions of the therapist and participant are constantly speaking non-verbally. Often the recipient of the information observed the non-verbal message even when they did not make sense of the verbal message. The non-verbal was there, often dominating. The participants or the therapist would ask for clarification verbally when confusions arose from either verbal or movement messages.**

10a) Dancing with Jo Ann

The participants felt that dancing with Jo Ann was an important part of the experience in movement therapy. During Ms initial dance, she was able to check out the therapist through dancing with her.

10b) Engaging in a movement dialogue with therapist

During the sit down and talk parts of the movement therapy, it was clear that the participants were having a non-verbal dialogue with the therapist and vice versa at all times. There appeared to be beginnings, middles and ends to the non-verbal *gestures* as well as to the verbal dialogue. Establishing a comfortable movement dialogue with a range of interactions, enhances the therapeutic experiences.

10c) Reacting to therapist in movement

The participants would respond to the therapist's non-verbal communications through movement as well as verbally. An example of a reaction to the therapist is when the therapist leans forward the participant leans forward as well.

10d) Leaving behaviour/separating behaviour

The participants established ritual ways of leaving the therapy sessions and the therapist after a few sessions. At the end of the therapy, they were both encouraged to do a good-bye dance at the suggestion of the therapist. Separating behaviours included head nodding, (consensus to leave), and contact or closeness with the therapist followed by clear separations or distancing.

11. Touching: Touch played an important part of the movement therapy experience of the Participants. Touch became associated with comfort, healing, relaxation and contact. **Essence: Although touch is an optional aspect of movement therapy, the participants expressed an appreciation for being held at specific times, having more contact with the therapist or themselves through soothing massage contact, and M expressed the delight in near touch where she experienced energy and transcendent feelings.**

11a) Touching (Touch in dance)

Touch occurs quite spontaneously in improvisational and creative dance. The participants felt comfortable and enjoyed this kind of touch within the safeguard boundaries of the framework of dancing.

11b) Massage touch

The participants expressed comfort and relief to their bodies through massage touch. They found it relaxing and nurturing.

11c) Near touch

M found the experience of near touch to be an energy exchange which felt transcending and rare to her.

11d) Hands on self

The participants experienced touching of their own bodies in at least two contexts. They were encouraged to massage their bodies. They also experienced using their hands to sense what was happening with their muscles, organs and any other proprioceptive feelings within their bodies. The participants wanted more of this kind of experience and began to appreciate their own self nurturing.

11e) Letting self be touched

The participants allowed the therapist to touch them in dance and massage. D expressed that she had not had a lot of touching for quite some time and that she felt her body crave this kind of contact.

11f) Contacting/Connecting physically

During some of the dance improvisations, the participants contacted and connected physically with the therapist. As trust increased during the therapy sessions, it became connected with this kind of physical exchange as well as verbal sharing.

12. Expressing Self: Having a safe place and context in which to express a wide rang of bodily-felt feelings was stressed by the participants. **Essence: The participants want to have permission to feel whatever they needed and wanted to feel in order to grow and heal. They related many places in their lived-world where their movement and expression of feelings through their bodies had been restricted or even punished.**

12a) Within segment of and/or a whole dance

The participants found opportunities to explore their limits and their comfort zones of self-expression during dance.

12b) Exploring personal styles in movement

Personal style was explored through experimenting with jazz dancing, dancing by self and dancing with the therapist but keeping the participants' own style. D was uncomfortable with jazz dancing in her class, but she began to appreciate what she had learned in a more informal jazz exploration.

12c) Expressing self in conversational movements

The participants expressed themselves by meaningful *gestures*, crying, using their body posturings and by becoming aware of their use of voice and breath. Looking the therapist in the eye became a major expression for D because she did not feel comfortable doing this with people, although she wanted to.

12d) Expressing self in role play

The participants extended their repertoire of movement combinations and efforts when enacting a role play. By trying on the part in a training ground, they were able to feel this body movement profile and assess how it felt being this way.

12e) Approaching something

As the participants explored how they entered or approached their lived world they looked at patterns, inhibitions and alternative approaches. D looked at her eye contact difficulties and practised keeping eye contact with the therapist. The participants allowed themselves to experience divergent possibilities and try on these movements as their own.

13. Movement Qualities: Exploration of all effort/shape movement qualities was encouraged within the exercises or dances. Sometimes they were taught directly, and sometimes they occurred spontaneously and were discussed either at the time or later during video review interviews. **Essence: By bringing awareness to the various movement qualities, the participants expanded their movement vocabularies as well as their ability to notice movement patterns in their dances or their lived-worlds. D started to appreciate her *strength* and her *lightness*, these being *weight* efforts of which she had had little appreciation in her lived-world prior to movement therapy. For example, having more sense of *weight* efforts, reframed the over excessive emphasis that the participants had on body thinness.**

13a) Letting go/falling, going *passive* or limp, spasms

Letting go is an important asset for life functioning. The participants had difficulty feeling in their bodies the experience of giving up control to their weight. They learned the importance of sometimes giving up control and giving into heaviness by exploring their own emotional vulnerability. Recognizing muscle spasms also became a cue to release or let go of held feelings.

13b) Putting efforts forth

Efforts found in combinations include *quick* and *sustained*, *direct* and *indirect*, *strong* and *light* and *bound* and *free*. M had a preference for *sustained*, *direct* and *bound* movements. D had preferences for *quick*, *direct* and *bound* movements. During the sessions, they explored *shaping* and *shape-flow* as well as other combinations of effort qualities.

13c) Exploring weight efforts versus giving into weight on big ball

D was encouraged to begin combinations of efforts which included weight efforts. Since both the participants had body image concerns regarding thinness, it was important to reframe some of the weight efforts away from size and into personal strength and gentleness.

14. Space: How the participants experience themselves in relation to space, gravity, leaving the ground, and locomotion. **Essence: Psychological constructs about being in the world, as opposed to being disassociated from the world, relate to spatial learnings which come from being aware of movements in and through space. There is a taking in of the body's experience, for example, a sense of contact with the environment, the ground, or the world in general. Living out these experiences in dance therapy helped the participants reaffirm their aliveness and commitment to their body's felt presence and dynamics.**

14a) Leaving the ground/using the ground

Movements where the participants leaped, hopped, jumped and generally used the ground from which to push off, allowed the participants to feel a force or strength from the earth to themselves.

14b) *Grounded*

The participants were encouraged to feel the push from the ground up through their feet, legs, pelvises, spine, arms and head. They were also encouraged to allow themselves to feel a hook pulling from above while being connected to the ground through their feet or "sits bones" (pelvis bones while sitting).

14c) Locomotion

All kinds of walking as well as prancing or improvised dance steps were considered ways to travel through space in order to locomote. The participants were encouraged to explore how their walks affected their bodies, feelings and lives.

15. Observing: Paying attention to their own and the therapist's movements enhanced awareness of self and others, not only in the sessions but in their lived-world. **Essence: The participants discussed how they experienced watching another and watching themselves. They began to look at others in their work and how they moved with others, appreciating the importance of movements in their dance of life. They both began to accept their dances more.**

15a) Watching self/therapist in mirror

There were movements done by the therapist and the participants in front of a regular mirror and into the one way video mirror. The participants received immediate feedback on how she and the therapist moved together. Most of these segments were geared to having fun and exploration.

15b) Observing other's external body movements

The participants were able to watch the therapist's movements either in a demonstration or while the therapist danced concurrently with them. For both participants, there was a normalizing of the dance movements by the co-operative venture of moving together in dance. During the demonstrations, they were able to ask questions and model the therapist.

15c) Observing self external body movements

The participants were encouraged to observe their own body movements through the mirror and the videos. At times, the participants were critical of themselves and this became substance for further discussion and therapeutic work. At other times, the participants commented on how pleased they were on how they moved, giving themselves a self-esteem boost.

16. Sitting Behaviour: the Participants had a wide range of sitting movement throughout the therapy, but did exhibit

patterns that had emotional significances to them. **Essence: The participants associated criticisms to certain sitting behaviours in their outside world. During their therapy they were able to discuss their resentments about not being allowed to sit in certain positions, or people's reactions to them which in turn they found difficult to handle. The participants explored ways of sitting in and out of chairs, within formal and informal settings.**

16a) Chair and self movements

Sitting in a chair seemed to pose all kinds of physical restraints and posture problems for the participants. D tended to solve the constrictive space of a chair by moving her legs up and around the seat and the legs of the chair. M often sat in a rather rigid position admitting that she preferred not to sit in chairs.

16b) Sitting on floor

The participants took a variety of expressive sitting positions while sitting on the floor, often with their legs wide or with one leg extended and the other closed. M still kept her back rather poised until she began to move in the movement therapy.

16c) Sitting on ball

D liked talking while sitting on the big ball as it was associated with child-like experiences and helped her access new comfort while talking about areas of her life that were threatening.

17. Using Props: Allowed the participants to connect in concrete ways to the world outside of their own body. **Essence: Props can be used as objects to manipulate or to come up against in a concrete, material form. Depending on how the props are used, the participants showed how they duplicate certain issues in their outside world.**

17a) Music: Dancing to music or talking with music as background atmosphere.

The participants voiced how they felt about moving to a variety of music. Sometimes they were able to move with a particular rhythm or feeling of music. D had a couple of occasions when she noted that certain music irritated her or that she wanted particular rhythms, usually simple, repetitive rhythms. D would often bring her own music to enhance her energy or feelings.

17b) Camera: The camera became the outside observer as well as a way of seeing one's self later on video.

On one occasion, M wanted to hide from the audience (as represented by the camera) when she expressed that she wanted to make sure she was not performing but genuinely connecting to her feelings.

17c) Pillow: The participants used the softness and density of a pillow for comfort, for muffling sounds, and for punching safely.

On one occasion D learned to scream into a pillow so she could scream in her residence without creating fear or panic. M punched a pillow in order to express her bitterness.

17d) Material: Wrapping up, covering with material or pulling material

Materials varied from being stretchy spandex to being a coat under which D covered herself. The spandex material also served as a dress which facilitated a session where D validated her own self-worth by wearing an elegant gown. The meaning of these experiences related to living out a fantasy or a feeling by actualizing the experience within the therapy setting through the incorporation of material substances which offer flexibility, opaque coverings under which D could hide and also a strong stretchy fabric to pull while the therapist connected to the other end of it.

17e) Ball: Rolling, rocking, hitting, kicking, throwing a ball

Various sized balls were used during these sessions. The large ball was particularly valued by D because this ball was designed to be secure as it rolled on the floor. It allowed D to put her weight on the ball, kick it, or manipulate it in any way she chose. The meaning of these experiences related to D finding new ways to meet her emotional needs in a safe environment with the assistance of objects outside of herself.

18. Play: Included all forms of enjoyable movements which the participants considered playful. **Essence: Play was a quality of life that both participants felt they wanted to increase in their lived-worlds. They were quite serious when they were depressed and play became a way to mobilize their lethargy. It was difficult to take their inner critical selves as seriously when they were able to nurture themselves through play and regress to child-like movements in the safer context of play.**

18a) Having fun moving

Both participants indulged in enjoyment through moving by being silly and ridiculous or through fantasy movements. At these times, the participants released a lot of tension, engaged with the therapist in a fun manner or just allowed themselves to explore play.

18b) Imitating own or others' movements

Mirroring others' movements brought giggles and playful connections. The participants stated that closeness was experienced at these times.

18c) Playing with props

D would often use the balls or tapes which she brought as a stimulus for play. D had not been able to fully indulge in play when she was a child and these experiences provided permission to explore and have fun without criticism.

18d) Posing

D posed in body building positions to show the therapist how she looked during her workouts. M posed during some of the dances, especially at moments where certain archetypal figures arose. The participants' posing for the therapist was like a sculpture. They expressed that they were excited by these moments of accomplishment and recognition.

18e) Dancing playfully and joyously

D and M both allowed themselves to dance playfully and joyously sometimes with the therapist and sometimes alone. Constructing joy experiences were important to both participants as they experienced less energy while depressed.

Unique and Common First Order Themes

Although first order themes are important both for their common and unique themes, I have limited myself to discussing the unique first order themes, as they show the individual diversity. There are many first order themes in common as can be noted in the Appendices E and F. The list of all first order verbal themes and their definitions can be found in Appendix E (See Appendix E). The list of all first order movement themes and their definitions can be found in Appendix F (See Appendix F). When the letter D is found after the number and before the definition, then this first order theme is unique to D. When the letter M is found after the number and before the definition, then this first order theme is unique to M. If no D or M are found, then the reader can assume that the first order theme is common to both participants.

For Example
286. M Infertility: Any statements which discuss the concept or experience of infertility.

Meaning: This is the 286th verbal first order theme, briefly referred to as "infertility," that is unique to the participant, M and is defined as any statements which discuss the concept or experience of infertility.

Discussion of Unique First Order Themes. First Order Themes that occurred for only one of the participants are considered unique themes. For M, these themes were near-touch movements, goddess images, earth images, metamorphosis images in movement, trance dance, and counter-tensions. Due in part to her professional dance experiences, M experienced movement in a more evolved and sophisticated manner than D. The differences in the movement themes reflect M's more energetic and complex whole body movement when applied to dance itself.

Among M's unique verbal themes was her discussion of having cured bulimia, which D had not at the time of entering therapy. M discussed metaphors for her concern for the earth that also related to her personal body experiences (for example, purification/pollution, infertility, being the lake [her feminine] versus the derrick [her masculine]). M experienced aggressive behaviours more fully as exemplified by the themes of the teeth, greed/hoarding, expelling as releasing shit, the murder of M, and the serpent image. M also experienced her dance images as intense, demonstrated by the themes of hollowness, the image of the politician's greed, healing, primal animal movements, dreambody movements, and archetypal movements. M experienced a vivid memory of the afternoon when she became bulimic and the doctor's reaction to her bulimia, and connected this to her mother's eating disorder. All of these images put M's bulimia in a particular context for her, a context different than D's. M experienced distress in her masculine self. She also resented being forced to perform dance. In her lived-world, M related well to her students and a friend with cancer. M was impatient about mediocrity in the world and in herself. She was interested in participating in the existential-phenomenological research. M brought into the therapy her concepts of integration, healing, being a conduit, new age thinking, ritual, kinetic knowing, the role of the artist, cycles, writing and storytelling, sayings and traditional wisdom, and hypnosis/trance. She also expanded these concepts within the therapy.

D's thematic uniqueness in the movement themes came from her new awareness of an introject (her mother having nagged her and D nagging herself). D learned many new movement experiences, such as how to use rhythm progressions, strengthen her body, correct her movements so that she did not hurt, and integrate her chest motions and voice to be congruent. She often experienced new feelings through her movements. During the therapy she learned ways of keeping tension by choice rather than blocking feelings unknowingly. D often experienced movements that restricted her, such as cramping, narrowing her stance, biting rhythms, wrapping herself up, sighing with her head down, feeling her mood go down when she talked about a problem, knotting herself physically, and holding back screams. She learned new ways of expressing tension release and her emotional self. Examples of these included giving dirty looks as a way of being bitchy, verbalizing the sounds of "the bitch," rolling on a ball and giving weight to it, bending over backwards on the ball, curling over on her stomach on the ball, beating balls with drum rhythms, using long stretchy material to pull and swing, twisting the material, breathing into the muscle areas of her shoulders, doing gentle movements instead of going to the gym, shaking herself out, and screaming into a pillow.

The following themes concerned D learning to be more sensitive to her body: broadening her stance to increase anger, narrowing her stance and feeling intimidated, sensing her height, sensing her width, stretching at the bar, parts of her body moving against other parts, scooping up of her intestines and stomach, feeling something in the pit of her stomach, and feeling tears behind her eyes.

D also benefitted from some structural dance not given to M because of her dance history. Examples included ballet exercises, counting time, stretching at the bar, prancing, flying movements, waltzing, swinging, co-ordinating her arms and legs in a leap or swing, prancing with the therapist towards the mirror and back, and doing an African jazz walk. D also benefitted from exploring her family relationships in movement: walking like a family member, pretending to be a family member, role-playing an empty chair representing her boyfriend turning his back on her, and talking to her boyfriend's back. D experimented with sounds and getting her own voice as part of her therapy; examples included exaggerating a sound until it sounded like a growling Godzilla, connecting her chest movements and her voice, screaming into a pillow, and exploring why she was saying no with a bubbly voice.

Props became a useful way to help D explore her environment. Examples included rolling on a ball and giving weight to it, curling over on her stomach on the ball, throwing or bouncing the ball, beating balls with drum rhythms, tapping the ball lightly and irregularly, lying on the ball and having negative feelings drain away, pushing the ball into her stomach as she rolled back and forth, using long stretchy material, twisting the material, using props with a variety of body parts, screaming into a pillow, squeezing clay, breaking up the clay into smaller pieces, using the palms of her hands to roll a ball of clay until smooth, using her fingers to work the clay, and shaping a small bowl with clay using her right index finger, particularly in the centre of the bowl.

Unique verbal themes for D included the following categories: self-identity, food issues, view of herself in terms of giving and receiving, particular aspects of herself in relation to therapy, reflections about therapy and relating to therapist, family and relating to men, her relationship with the world, specific movement activities, and unique symbols. Self-identity issues concerned D's honour and keeping her word, hearing her voice on tape, and watching television as a hobby. M did not emphasize these three themes. Verbal themes connected to food-related issues included changing one's diet as a shock to the body system, not knowing how to cook, knowing or not knowing how to cook in a microwave, not bothering to cook, not wanting to eat in front of someone, wondering what therapy has to do with food, destroying food as part of therapy, choices available for dealing with food, confronting food, destroying food, the necessity of controlling food because of the consequences of not doing so, controlling her appetite, feeling embarrassment/humility about eating, the times when she could not control her food, the high cost of food, permissiveness of food with herself, limiting or not limiting herself with food (being stingy), her perceptions of what is or is not healthy food, bingeing versus overeating, characteristics of bulimia as she perceived it, the teachings of Overeaters Anonymous, being stuck on the teachings and beliefs of Overeaters Anonymous, and being encouraged about stopping bulimia. D also discussed what constituted recovery for her, how she hoped her future would be after curing her problems, her perceived backsliding on efforts to cure her problems, her emotions about being left alone in childhood, her thoughts that she had no knowledge of how to help herself, and her thoughts and feelings about her O.A. sponsor.

In talking about how she saw herself as giving and receiving in relationships, D expressed concern about not taking anything from someone she did not know. She said that taking something from someone she did not know could hurt her. This was quite different from M's relationship with taking, and appeared to be related to D's sense of betrayal from others in her history.

The category of herself in relation to therapy includes the ideas that D did not want to physically hurt the therapist and did not want to get hurt during therapy. She saw therapy as expensive and did not want to break promises to the therapist. She discussed what constituted her recovery and expressed her hopes for a better future after curing her problems. She became very discouraged when she backslid in her efforts to cure her problems. She frequently focused on being left alone in her childhood as a central theme of abandonment. She had no idea how to help herself when she was a child; she occasionally felt the same way as an adult.

D related to family members whom M did not have, such as a stepfather, a sister, brothers, and a fiancee. In her activities in the world, D also had relationships with patients, staff at the hospital, club members, and fellow students. D liked working on crafts as a hobby. Her movement activities included working out at the gym frequently; as a nursing student, she was familiar with range of motion exercises. These movement themes were unique to D, as M's dance world provided her with very different frames of reference for moving.

D related to symbols about prostitution as a family member was involved with this activity. To D, this profession primarily represented a high risk of losing her brother to AIDS. D's life was a symbol to her when she felt sick of her life and hated how she felt. This hatred became symbolized in bulimia, a form of enforced sickness that stifled her feelings. D saw her parents as symbolic of stinginess, especially in terms of love. Marriage became symbolic to her as a possible future hope of having a caring person and a protector. Rings and weddings became symbols of generosity and being special. Hearing her own voice on tape reminded her of the child within. Television watching became an escape into fantasy and idealized hope of what might happen for her. Grieving and mourning became symbolized for D as feelings towards her parents losing their parents. Family extensions and overriding her usual feelings about her family became important during these times. For D, involvement in social dance symbolized that she was overcoming her shyness and her past avoidance of people. Bodybuilding and posing became ways for D to face herself on the outside. Shoplifting represented a way of releasing her angry feelings. Although she had stopped this behaviour, her history reminded her about her lack of resources as a younger person. Screaming symbolized being screamed at by her parents. Not talking to others became symbolic of hoping that others would not judge her if she did not say anything, and accordingly keeping her secrets in an unhealthy manner. Club membership represented a place to belong with a certain degree of security. Lastly, daydreams became a form of useful escape through which D could fantasize about a better future.

Verbal Higher Order Themes and Meanings

The following tables, 4 and 5, illustrate not only the higher order themes and their meaning, but also give an example at the level of the first order themes. This helps to show how intricately the higher order themes related to the second and first order protocols. This connection is vital for validity purposes.

Insert Tables 4 and 5
about here

Table 4

Verbal Higher Order Themes, Example First Order Themes and Dialogal Meaning of the Higher Order Themes
(Code: P -- Participant)

Higher Order Theme	**Example First Order Theme**	**Dialogal Meaning**
Self- 1a. experiencing giving and receiving	Receiving something beneficial from session.	Ps learned more about the bodily-sensed value of reciprocity.
1b.Self-awareness development as a series of learnings about self	Participant's beliefs on how the body works/reacts.	Ps expanded awareness of who they are through new body experiences.
1c.Self -- change	Change in participant's life evoked feelings such as fear, hope and anticipation	Ps noticed changes in their sense of self which helped Ps feel better about possibilities.
1d.Self-identity	In the beginning of therapy, Ps thought about themselves as "depressed"	Ps sorted out who they saw themselves to be through feelings and actions
1e.Self - Related to Food Issues	Food participant eats when she is upset	Ps learned to distinguish their feelings from misuse of food. This helped them to feel more emotionally accepting of self

Higher Order Theme	**Example First Order Theme**	**Dialogal Meaning**
1f.Self -- Perception and Self-consciousness	People will think participant is weird when she does something	Ps learned to accept their perception of self as opposed to only valuing others
1g. Self -- Humour	Humour about exercises therapist asks her to do	Ps expressed their sense of self through humour, which were strengths they appreciated more
1h.Self -- In Relation to Therapy	Speculation as to what therapist will ask her to do	Ps used the therapy journey to parallel issues in their outer life
1i.Self -- In Relation to others	How participant feels she uses therapist	Ps explored their feelings about themselves as they were in the presence of others
2a.General feelings related to therapy	Liked talking about the things talked about	Ps expressed their feelings about therapy process and the expression spilled over into their lived-world

Table Continued

Higher Order Theme	**Example First Order Theme**	**Dialogal Meaning**
2b.General feelings related to problems and therapeutic goals	1)Desire to cure problem 2)Finding a sense of healing through listening to their videos	Ps expressed a large range of feels related to wanting to solve problems and feel differently
2c. General feelings related to life events	Death of friends or participant's feelings about death	Ps expressed feelings in a variety of contexts during therapy
2d. Kinesthetic and/or bodily-feelings	1.Enjoying/ having fun 2.Following the pain messages and feelings associated with same	Ps increased their appreciation of all body feelings and movements by learning about their own body subjective
2e.Feelings and Thoughts related to Food/ Food expulsion (e.g.sick, shit, fed up)	1.Changing diet is a shock to body system 2.Feeling sick when P does not express anger.	Ps expressed a variety of feelings through food metaphors, and learned to relate their emotions to their body's feelings.

Table Continued

Higher Order Theme	**Example First Order Theme**	**Dialogal Meaning**
3a.Relating to therapist	How participant feels she uses the therapist	Ps have a variety of ways of functioning in the therapeutic relationship. Ps use of the therapeutic ambience by also using the therapist as a significant person.
3b. How P relates in relationships in general	Anger/ resentment/ hatred towards another person or people	Ps talked about their great range of feelings towards others, feeling that talking about these feelings helped clarify how they related to others and vice versa.
3c.Relating to Men	P's discussed how they related to boyfriends.	Ps began to get a better idea of the how they chose men and what issues came up for them with intimacy, sex, passion, and commitment.

Table Continued

Higher Order Theme	**Example First Order Theme**	**Dialogal Meaning**
4a. How P's related to their Body and bodily-felt self.	Many body parts, for example, the spine or heart, were talked about in terms of pain, self-image and feelings.	Ps discussed their body and their body parts as they experienced their bodies in movement or in massage, or as they feel/ think about their bodies.
5a. Functional comments about self behaviours: How Ps view their activities in relation to their sensed self	1.Ps not bothering to cook 2.Ps awareness of their occupations as they relate to their self fulfillment	Ps perception of what they do or don't do in their lived-world, gives Ps impressions of their functional selves--especially in terms of motivation, competence, interests, and attitudes. This further enlightens them about how they move in their world
5b.Feelings related to behaviour	1.P feeling she has to control her food 2.P isolating self when feels sad and insecure	Ps recognize that feelings and behaviours effect each other

Table Continued

Higher Order Theme	**Example First Order Theme**	**Dialogal Meaning**
5c.Control- P wanting to control their behaviour and their external world	Participant feeling she has to control her food/ behaviour	Ps explored their desire for control in their lives and when this was excessive or not.
6a. Reflections about therapy	Wondering how therapy will help them feel better about their bodies	Ps treated their bodies in ways that were not healthy for their bodies (e.g. injury, compulsive workouts) and Ps reflected about what they were learning in movement therapy that could give them new attitudes towards their bodies

Table Continued

Higher Order Theme	Example First Order Theme	Dialogal Meaning
7a. Time: Temporal perspectives as well as frequency and use of life's time	1.Wondering how long a particular exercise will continue 2.Feeling that there is not enough time to meet their emotional wants	Ps subjective sense of time in terms of how much they deserve, how much they can be allowed, whether they will have enough, whether they have the right to ask for more
8a. Family: discussions about family members and the meaning of family life to Ps	Emotional neglect or abuse associated with family	Ps explored thoughts and feelings at a bodily-felt level related to family history and ongoing family contacts
9a. World relationship :Eating world -- the lived-world as experienced around nurturance or its lack	Beliefs about eating as prescribed by self or external world, e.g. Overeater's Anonymous teachings, family's patterns	Ps talked about their behaviours around food and efforts to control food/drugs/ alcohol as related to past and present

Table Continued

Higher Order Theme	**Example First Order Theme**	**Dialogal Meaning**
9b. Loneliness: discussions about feeling lonely in the world	1.Emotions about being left alone in childhood 2.Emotions about feeling lack of support and feeling like nothing at times of financial abandonment	Loneliness was explored in terms of how Ps had difficulty accepting these experiences as part of their lives
9c. School/work/ classes -- where the self can be expressed	1.School represented a place where there was both frustration and hope. 2.Dance classes offered a range of experiences from fun and challenge to rescue from depression	Ps found that school and work offered them a way through and out of some of their insecurities and helplessness, but both found that they still ran into emotional difficulties in their chosen careers

Table Continued

Higher Order Theme	**Example First Order Theme**	**Dialogal Meaning**
9d. Childhood: Memories, feelings, perspectives of Ps childhood	1.Emotions about being left alone in childhood 2.The adult's memories about herself as a child	Ps explored their childhood feelings as recalled from adult reflections
9e. Belonging: Ps sense of fitting in the lived-world	1.Club membership 2.Being recognized or not by others in the career world	Ps desire to feel a part of her valued world, vs feelings of alienation and anger at rejection
9f. World picture: How Ps view their world from an internal perspective	1.Feelings towards politicians and politics 2.The world as a place where Ps can feel assertive	Ps view of the world was often synchronous to how they were feeling about their internal conflicts or resolutions

Table Continued

Higher Order Theme	**Example First Order Theme**	**Dialogal Meaning**
10a. Philosophical: Ps beliefs and thoughts about mind/body/ spirit and living as a human being	1. reincarnation 2. spiritual beliefs 3.existential questions about the purpose of their lives	Ps looked at their beliefs and their values. Ps attempted to find more congruency between their inner experiences and their perceived worlds.
10b. Cognitive Structuring of Thoughts: How Ps construct their thoughts	1.Judging others/being judged 2.Visual/ Kinesthetic image responses to the experiences and the language structuring that results	Ps descriptions of their thinking processes and how these constructs effect their perspective of feelings and thoughts about themselves and others in the world
10c. Higher Power: Ps experience of their higher power and how it plays a part in their lived-reality	1.Spiritual searches 2.Anger towards authoritative external ideas of higher power vs inner learnings	Ps began to find a direct connection with their own inner power and spiritual realities as they began to experience body acceptance and their female strength

Table Continued

Higher Order Theme	**Example First Order Theme**	**Dialogal Meaning**
10d. Ambivalence/ confusion/ conflict/ splitting	P expresses an inner conflict about letting go of a self-image/ behaviour even though she expresses a desire to be different	Ps began to address ambivalent and conflictual experiences, in body/ mind/spirit realms. Recognizing these experiences helped them with their polarities and integration.
11a. The They (Other People, identified with self)	Fear of aids affected the other people in Ps life	Ps feelings and thoughts about others with whom she does not identify, but for whom there is some sense of responsibility or at the very least, a sense of curiosity, mixed with distancing
12a. Sex/ Feminine/ Masculine: Ps views of sex, including her masculine and feminine self	1.In the beginning Ps' sexual selves were viewed with a sense of failure. 2.Ps explored their beliefs about what is masculine/ feminine	Integration of masculine and feminine sense of self helped both Ps to accept their desire for intimacy and to heal old wounds related to sexual history

Table Continued

Higher Order Theme	**Example First Order Theme**	**Dialogal Meaning**
13a. Movement: descriptions of movements, dance, and moving self	1. Types of movement experiences: eg.range of motion exercises/ dance classes/ movement efforts in daily life	Describing self in terms of movement experiences helped Ps to be more aware of how their movements related to their problems and to find new solutions through paying attention to their bodies
14a. Aesthetic: Any experiences where Ps described a sense of grace/ beauty.	1.Beauty/ gracefulness 2.Dynamics of the dances which had personal meaning and dynamic experiences of time and space	1.Ps explored how they viewed the beauty and grace of their own movements. 2.Ps explored aesthetic expression, not necessarily linked to culturally acceptable aesthetic, but personally meaningful

Table Continued

Higher Order Theme	**Example First Order Theme**	**Dialogal Meaning**
15a. Symbols carried many meanings and came in many forms -- e.g. in dance, dreams, archetypes, objects representing feelings	Dream symbols were explored in movement as a way of bringing the meaning of dreambody symbols to moving life through the bodily-felt senses	Ps explored how there were new ways of thinking and processing information through paying attention to kinetic experiences and creative images

Table Continued

Table 5

Movement Higher Order Theme, Example of First Order Movement Theme and Dialogal Meaning of the Higher Order Theme in Therapy
(Code: P -- Participant)

Higher Order Movement Themes	**First Order Movement Themes**	**Dialogal Meaning**
1.Transitional Behaviours: 1a) Readying/ preparing	P does a warmup by laying on floor and deeply inhaling and then releasing her breath	P prepares her body to move -- allows the body to relax and centre and to be aware of breath release and thoughts that pass through her mind
1. Transitional Behaviours: 1b) Waiting	P takes a few moments of quite to look out of a window while waiting for the therapist to enter room.	This is time to think about the beauty of nature and to relax, something P wants to do more of this for herself.
1. Transitional Behaviours: 1c) Greeting behaviours	P connects with the therapist by smiling and then takes a place on the floor where movements are anticipated or in a chair (depending on the day).	Smiling at therapist and sitting gives the message to the therapist that P is being friendly and ready to get started with the session, already setting the tone through the smile or other expression.

Higher Order Movement Themes	**First Order Movement Themes**	**Dialogal Meaning**
2. Directional Behaviours: 2a) Going towards (advancing)	1.P moves her chair towards the therapist 2.P brings up her trunk forward and arm gestures in an *arching* motion towards therapist.	Nonverbally expresses that she wants to be nearer to the therapist or that she is being more open about what she is talking about.
2. Directional Behaviours: 2b) Going away from	Moving whole body self backwards away from role played figure	P moves backwards out of fear of the abuse of the role played figure.
2. Directional Behaviours: 2c) Withdrawing behaviour	1.Regressed movements 2.P curls herself into a ball and puts her head down.	P curls into a fetal position, at times to comfort to herself and at times when she feels insecure.
2. Directional Behaviours: 2d) Ambivalent movement behaviour	P opens one arm in a wide arc and closes another in towards her chest	P has opposing movements and feelings about a decision that she is trying to make.

Table Continued

Higher Order Movement Themes	**First Order Movement Themes**	**Dialogal Meaning**
2. Directional Behaviours: 2f) Hiding behaviour	P wraps herself up in some material	P explores what it would feel like to hide from others by wrapping herself up and getting in touch with how it feels
3. Habitual Behaviours: 3a) Fidgeting Behaviour at specific times	P fidgets with a kleenex	P derives some comfort from playing with her kleenex while she is getting in touch with feelings that make her uncomfortable.
3. Habitual Behaviours: 3b) Grooming behaviour	P twists her hair around her fingers, but is not particularly focused on doing this until it is brought to her attention(*Shadow movement*)	P is tense about numerous events in her life and she gives herself some self stimulation (comfort movements)
4. Self-care behaviour vs destructive: 4a) Constructive	P allows herself to hug herself and to release sighs and tears	P recognizes that her chest feels freer after nurturing
4b) Destructive behaviour	P hits self on leg	P recognizes that she does not always treat herself kindly when she is angry at others

Table Continued

Higher Order Movement Themes	**First Order Movement Themes**	**Dialogal Meaning**
5. Confrontational behaviour: 5a) assertive behaviour	P lets her body stand and feel a *strong, centred,* wide stance in her body	P recognizes a new feeling of confidence in her body as she thinks about what she would say to be assertive while at the same time gets the Gestalt feeling in her bodily self
5. Confrontational behaviour: 5b) aggressive behaviour	P repeatedly kicks the big ball (in the corner) with *strong, bound, quick* movements with all her body force	P talks angrily to the imaged person represented by the ball as she physically expresses her own retaliation to past abuse
5. Confrontational behaviour: 5c) directly confronting behaviour	P's whole body is engaged in pushing away the therapist in a role play of her own critical self	P feels a sense of confidence in herself as she manages to push away her personified inner critic

Table Continued

Higher Order Movement Themes	**First Order Movement Themes**	**Dialogal Meaning**
6. Dance: 6a) Trance dance	P twirls around and travels throughout the space in the room	P is aware of wanting to transcend herself, go beyond her usual limits and she gets in touch with a sense of her bodily limits (a sense of wanting to vomit and actually banging into the edge of the room)
6. Dance: 6b) Moving with a perspective	P dances an image and explores the image until she begins to experience meaning in the character's movements	P experienced a connection between meaning and bodily feelings arising from the "greed" character, or from other moved personifications
6. Dance: 6c) Words lead to movements	P listened to words said by the therapist and allowed her movements to be influenced by associations -- thoughts and feelings related to these words and put into body movement reactions	P allowed herself to bodily-free associate to the words, and as result new ideas came to P about what those words meant to her from her creative, body self. This led P to rethink her values, feelings, and opinions.

Table Continued

Higher Order Movement Themes	**First Order Movement Themes**	**Dialogal Meaning**
6. Dance: 6d) Images in movements	Sculpturing movements and creative imagination from the dance improvization	P found that kinetic images came forth from the movements and these images helped give her healing courage and new insights to her journey.
6. Dance: 6e) Dance improvization	Exploring movements through dancing in a spontaneous manner	P discovered new creative ideas for herself, whether they were for choreography or for a new sense of self
6. Dance: 6f) Parallel movement with therapist	P and the therapist move with similar movements together accompanied by music	P expressed a variety of feelings from fun to wanting to please, from feeling rhythmically synchronous to having difficulty relaxing. On occasion, D liked moving with the therapist rather than by herself

Table Continued

Higher Order Movement Themes	**First Order Movement Themes**	**Dialogal Meaning**
6. Dance: 6g) Structured Dance	P experienced dance positions particular to the bodily stance of a dancer through movement involving the carriage of the arms and the bending of the legs.	P liked learning new bodily experience by doing dance exercises and did some of these at home, in her gym or dance classes, outside of therapy.
6. Dance: 6h) Doing kinesiology exercises	P put her body into the prescribed positions as suggested by the therapist	P felt that the images were relaxing to her body and that she was able to release tension from her body
6. Dance: 6i) Isolations	P explored isolation movements by moving one part of her body and keeping the others from moving	P experienced a sense of specific control of moving one bodily part while being able to keep the others still
6. Dance: 6j) Whole body dancing an archetype	In a dance, P experienced herself as an animal archetype	P found that she could identify with the feelings of the archetypal animal and then related this to insights into her life

Table Continued

Higher Order Movement Themes	**First Order Movement Themes**	**Dialogal Meaning**
6. Dance: 6k) Choreography, actively developing a dance	P choreographed a dance from the improvized dances she allowed to come from her bodily-felt self.	P recognized that her creativity to choreograph was revitalized in the dances during dance therapy
7. Relaxing and Tensing: 7a) Attempts to relax -- Ps are observed showing themselves tensing muscles	P tensed then released her muscles, exploring how to relax	P recognized that exploring both tensing as well as exploring releasing helped her sense what was going on in her bodily-self.
7. Relaxing and Tensing: 7b) Breathing	10. Breathing (exhaling, inhaling, depth of breathing) Ps explore breathing with the diaphragm muscles and the abdominal expansion and release.	Ps explore tensing and releasing chest, back and pelvis area muscles while exhaling and inhaling, respectively. This experience is felt as relaxing as well as becoming aware of their bodies. Taking time out to breath and relax was important to both Ps.

Table Continued

Higher Order Movement Themes	**First Order Movement Themes**	**Dialogal Meaning**
7. Relaxing and Tensing: 7c) Relaxing and tensing behaviour	Ps explored how they felt in their bodies as they purposefully tightened then relaxed various muscles.	Ps increased their awareness of the tensions that they were carrying around by feeling the exaggerated tightening and then the release that followed. Taking time to do this in the therapy sessions was a welcomed break from their accumulated stress.
7. Relaxing and Tensing: 7d) Feeling pleasant or good in the body	247. Feeling good in her body Ps allow themselves to relax and feel good (light, re-energized, a sense of healing)	After dancing, or exercises where there were relaxing or physical efforts performed, Ps had a sense of allowing pleasant feelings into their bodies
8.Role playing: 8a) Parts of a dream are role played by P	Personifying an object that originated in the dream, (e.g. being the swollen cheek) and moving as if being the pain of the cheek	Ps were able to explore the dream meaning by talking about the dream and then moving as if they were parts of the dream

Table Continued

Higher Order Movement Themes	**First Order Movement Themes**	**Dialogal Meaning**
8. Role playing: 8b) Other people	Role playing movements that P imagined other people doing and about which she had feelings	Ps began to develop more insight into how other people acted, felt, or responded to her. This helped Ps experience empathy, anger, and other options for her own behaviours
8. Role playing: 8c) Parts of self/feelings from remembered events	Role playing movements of childhood	P explored the feelings she had from earlier times of which she had not yet completely let go
9. Authentic movement (self): 9a) Explores moving of whole body from a spontaneous organic inner body self	Whole body action exploring how P felt her body impulses leading her movements. These were talked about either during or after the movements. The therapist witnessed Ps movements which became an important source of feedback about the movement profile.	Ps found that their authentic movement helped them have further insights about their creative blocks, self images and healing processes. They were fascinated with the body's wisdom which helped them think about themselves in new ways.

Table Continued

Higher Order Movement Themes	**First Order Movement Themes**	**Dialogal Meaning**
9. Authentic movement (self): 9b) Explores moving a body part/ acknowledging experience of body part	Ps frequently explored moving specific body parts while giving attention to the intrinsic meaning that arose from associations with these movements.	By getting bodily felt meanings from kinesthetic experiences, Ps expanded their divergent non-linear thinking. Often conflictual emotional issues were probed by focusing on new frameworks presented by the body parts.
9. Authentic movement (self): 9c) Allowing the dance (being moved)/ feeling the body feelings	These dances took on a spontaneous and creative imaginal realm which seemed to be inspired by proprioceptive, kinesthetic and emotional experiences	As Ps experienced a sense of being moved, there was an expression of bodily trust and self-trust. The dances had a sense of rightness for Ps. Both Ps had external introjects into their bodies and found that getting acquainted with the inner experience of feeling moved by the dance was not only satisfying but allowed them to appreciate their expanding dance

Table Continued

Higher Order Movement Themes	**First Order Movement Themes**	**Dialogal Meaning**
10a) Dancing with Jo Ann (therapist)	Both Ps enjoyed dancing with the therapist at various times throughout the therapy. As the relationship with the therapist developed, there was a qualitative difference in the trust level as represented by the dances themselves	When Ps first engaged in dance with the therapist, everyone was observing how the spontaneous or structured dances were received by the others as well as examining on their own feelings. After more trust was established, a fuller range of emotional expressions were allowed within the dances
10b) Engaging in a movement dialogue with therapist	There was a shift from following to leading during certain parts of the dance dialogues. In particular, when the flow of the session was well established, it was sometimes difficult for Ps to know if they were following or leading.	Ps and the therapist had a movement dialogue in conversations as well as in dances. At times, P's took the lead and at times they allowed the therapist to direct them in some manner. The cues for these dialogues were often nonverbal as well as verbal.

Table Continued

Higher Order Movement Themes	**First Order Movement Themes**	**Dialogal Meaning**
10c) Reacting to therapist in movement	P responds to therapist's movements at given points in the sessions. These responses are often indicators of how P feels about what the therapist is doing or saying.	In the therapeutic relationship, there is a co-constituted give and take where P is encouraged to have a trusting rapport with the therapist whether that be in how she responds to the therapist or how she explores movement interactions.
10d) Leaving behaviour/ separating behaviour(e.g. hugs, flapping wings, good-bye dance, leaving room)	Letting something go can include ways in which P separated from the therapist such as by particular good-bye dances or how they left the sessions.	When Ps separate from significant others such as the therapist, boyfriends and parents, Ps begin to balance what they have accepted from the relationship with the pain of letting go, as in the relationship with the therapist.

Table Continued

Higher Order Movement Themes	First Order Movement Themes	Dialogal Meaning
11.Touching:11a) Touch in dance	During some of the dances, Ps and the therapist would connect various moving body parts. The quality of the connecting was discussed by Ps and related to their history and future needs.	Ps expressed a need for beneficial touch in their lives. Both desired an increase of these experiences and encountered more touch in their relationships outside of the sessions.
11.Touching:11b) Massage touch	Massage experiences were described by both Ps as helping them relax and learn about their bodies. In learning about their bodies, they became aware of excessive tensions and pains that had been ignored by their body selves.	By having expanded their experience of proprioceptive feeling, Ps talked about the importance of paying attention to their body's messages. These messages not only came in the form of pain, but also in the form of pleasure. By listening to both kinds of messages, Ps reflected upon what they needed and wanted in their lives.

Table Continued

Higher Order Movement Themes	**First Order Movement Themes**	**Dialogal Meaning**
11.Touching:11c) Near touch	M described her awareness of near touch energy transfer between P and the therapist during one of the dances. M was familiar with this type of near touch, but also felt it was unusual in her lived world and that she wanted more connections with people at this level.	M was exploring her boundaries and her energy experiences with others after having many dance choreography experiences which increased her sense of sensitivity to body energies. This contrasted with Ds developmental experiences which did not include many explorations of near body movements with another person.

Table Continued

Higher Order Movement Themes	**First Order Movement Themes**	**Dialogal Meaning**
11.Touching:11d) Hands on self	Both Ps gave themselves permission to touch their bodies in ways to get to know them and feel more comfortable exploring ways to give themselves comforting messages, like hugs or caring strokes, or ways to explore such things as injuries or tensions. Sometimes, touch was used negatively towards themselves and these were also explored.	Children learn about their bodies through self-exploration and touch. Ps even as adults needed to re-establish or re-affirm their rights to self-care and an awareness of any destructive self-touching such as hitting themselves or repetitive touch habits which did not benefit their daily functions because they were unaware of neurotic tensions being acted out on themselves.

Table Continued

Higher Order Movement Themes	**First Order Movement Themes**	**Dialogal Meaning**
11.Touching:11e) Letting self be touched	Receiving a hug (initiated by therapist) was one way that Ps allowed the therapist to contact them occasionally. These hugs were not passive hugs, but were felt by Ps as expressing a sense of being cared about and nurtured.	Allowing Ps to be touched by the therapist in movement therapy sessions, let the therapist give a type of response to Ps that would be given to a younger child. The therapist could respond to the bodily reactions to Ps more effectively when Ps allowed a trusting touch relationship.
11.Touching:11f) Contacting/ Connecting Physically	Touching occurred within the dances and movement exercises in a multitude of ways. An important aspect of touch had to do with the sense of real connecting with the other person.	The bonding and bridge building to the emotional needs of Ps was assisted by the concrete and metaphoric connections made during sessions. Both Ps expressed needs to feel connections with others in their lives and felt this connection first in their therapy and then later with others outside therapy.

Table Continued

Higher Order Movement Themes	**First Order Movement Themes**	**Dialogal Meaning**
12. Expressing self:12a) Within segment of and/or a whole dance	Sensual movements were ways Ps used to express themselves in dances such as rolling, stretching, exploring movements.	Expressing feelings and a sense of self in movements became a means to reinforce an awareness of how Ps were feeling not only in their bodies, but in their whole sense of self.
12. Expressing self:12b) Exploring personal style in movement	Rhythm of movements, preferred movement efforts and contrasting unusual idiosyncratic movements were all part of expressing personal statements through the medium of the body.	As Ps accepted who they are, they became more confident in accepting the unusual dynamics of their body movements. They became less judgemental of their bodies and receptive to more creative possibilities.

Table Continued

Higher Order Movement Themes	**First Order Movement Themes**	**Dialogal Meaning**
12. Expressing self: 12c)In conversational movement	Shaking the head "no" or "yes" were common expressions of self during conversations. However, many other gestures and postures were used by Ps to express their points of view.	At times, Ps became aware of how they could accent their points of view during conversations with the therapist in this therapeutic context.
12. Expressing self:12d) In role play	Role playing movements were often exaggerated so that Ps could explore their meanings more directly. By allowing a role playing context, Ps could bring outside scenarios in the safety of their sessions. Trying on new movements and expressions, allowed them to practise and feel more bodily familiar with themselves in these contexts before they went into the world.	Ps expressed a desire to behave differently in the presence of others outside of the therapeutic context and even expressed a desire to be different, at times, with the therapist. By role playing, how these new behaviours felt within the body, Ps were able to assimilate new movements as their own and to talk about them thus giving themselves reinforcement for succeeding in these new behaviours.

Table Continued

Higher Order Movement Themes	**First Order Movement Themes**	**Dialogal Meaning**
12. Expressing self:12e) Approaching something	Ps explored how they approached or avoided various people and issues in their lives. For example, D wanted to look her step-father in the eye, but had difficulty even looking the therapist in the eye at the beginning of the therapy. As this behaviour changed, she approached her step-father and talked directly to him about her uncomfortable feelings.	As Ps explored how they entered the lived world, which included other people, they looked at patterns, inhibitions and alternative approaches. For example, advances and *arching* outwards from the body. Ps allowed themselves to experience divergent possibilities and try on these movements as their own.
13. Movement qualities (Effort-shape): 13a) Letting go/falling, going limp, spasms	Ps experienced a variety of bodily felt ways to let go. Some efforts involved *sinking* and *twisting* (eg. spiralling down) where others involved actually falling to the ground or letting the body go passively limp onto a ball.	Ps expressed a desire to let go of many different feelings throughout the therapy relating to families, boyfriends and themselves. It was important to them that these feelings were felt through sensed movements.

Table Continued

Higher Order Movement Themes	First Order Movement Themes	Dialogal Meaning
13. Movement Qualities (Effort-shape): 13b) Putting efforts forth (intents)	Ps expressed a wide variety of movement efforts but had the most difficult with weight and time efforts (i.e. lightness and strength). They tended to prefer bound flow and direct movements. M was able to get into sustained movements but often had more difficulty with quickness. Contrasting movement qualities between participant and therapist were noted.	Movement efforts became a way of looking at Ps presentation of Ps body self to the world. How Ps moved in their world at an unconscious level often surprised them. For example, D was unaware of how uncomfortable eye contact was for her until she practised contact with the therapist. M was unaware of the holding patterns she related to as her anger and protective conflicts.

Table Continued

Higher Order Movement Themes	First Order Movement Themes	Dialogal Meaning
13. Movement Qualities (Effort-shape): 13c) Exploring weight efforts vs giving into weight on ball	Ps explored a variety of weight efforts to increase their sense of strength and lightness. In contrast to this, they explored the lack of weight effort like passively feeling heavy or giving into weight on the floor or on a ball.	Ps both expressed problems with accepting their body weight and wanting to remain thin. By exploring the actual effort it took to experience lightness or strength, the therapeutic experience was able to re-focus weight away from body size towards bodily felt efforts. Giving into weight was part of letting go of control and allowing nurturing and support.

Table Continued

Higher Order Movement Themes	**First Order Movement Themes**	**Dialogal Meaning**
14. Space Usage/Floor Usage: 14a) Leaving the ground/using the ground	Ps experienced a variety of movements such as jumping, leaping, and pushing away from the floor with the feet and other body parts. They also experienced rolling on the floor and a relationship with the floor that took on symbolic meaning such as being close to the earth or close to nature.	Ps relationship to space and the floor involved bodily movement within a context of space. Space efforts were important in terms of bodily orientation to the world, the sense of interaction with space and a sense using the floor as a base from which to go into verticality, strength and lightness.
14. Space Usage/Floor Usage: 14b) *Grounded*	Standing ground physically (embodying, not arguing in her head) is the potential to sense her body and move into strength. Embodiment may include a sense of Ps alignment or misalignment.	Ps wanted to increase a sense of assertiveness in their lives and discovered a feeling connected to their bodily stance which increased an awareness of themselves in space and promoted more confidence.

Table Continued

Higher Order Movement Themes	**First Order Movement Themes**	**Dialogal Meaning**
14. Space Usage/Floor Usage: 14c) Locomotion	Ps explored many types of locomotion including walking by herself (eg. exploring walks).	As Ps expanded a wide range of expressive walks, prances, leaps and runs, they were able to identify what felt familiar, foreign and bizarre to their bodily selves. They discussed emotional issues around travelling through space, having fun, and other associations with these movements.
15. Moving while observing:15ai) Watching self/therapist in mirror	Ps expressed the significance of observing themselves in mirrors while they explored various movements. Sometimes they moved with the therapist. For example, the therapist and P would prance toward the mirror and back.	Ps found it difficult to look at themselves without being critical since both of them had learned from others to be judgemental of how they presented exteriorly including how they moved and how their body form looked.

Table Continued

Higher Order Movement Themes	First Order Movement Themes	Dialogal Meaning
15. Moving while observing:15b) Observing other external body movements	P observed the therapist demonstrating a movement exercise or a body position. During dances with the therapist, P would observe how the therapist expressed herself in a bodily form.	P found value in modelling the therapist's demonstration of a particular movement effort, exercise or dance position. P and the therapist would dialogue about doing one of these movements after demonstrations. When P observed the therapist dancing, P would often make comments to check out if the therapist was accepting and aware of her own movements.
15. Moving while observing: 15c) Observing self external body movements	Ps became aware of making observations of external body movements. These observations were internalized, filtered, questioned and often related to feelings about themselves.	Ps explored how much they accepted their body movements and the importance of learning from kinesthetic experiences. Self-acceptance included feeling confident about their dances and everyday movements.

Table Continued

Higher Order Movement Themes	**First Order Movement Themes**	**Dialogal Meaning**
16. Sitting Behaviour: 16a) Chair and self movements	Ps demonstrated many movements while sitting and talking in chairs. M adapted her posture to sitting in chairs but felt uncomfortable having to do this. D varied her movements in her chair, but had noticeable patterns. For example, D often took informal positions (one leg up and open, swirling) in her chair at the beginning of the sessions when she was feeling happier, but took regressive fetal like positions when she was feeling depressed.	The chair often became a meaningful object with which P demonstrated specific movement interactions. At times, the chair served as a form of security within which to mould the body. At other times, the chair supported the P as if P was experiencing emotional/ physical comfort.

Table Continued

Higher Order Movement Themes	**First Order Movement Themes**	**Dialogal Meaning**
16. Sitting Behaviour:16b) Sitting on floor	P often chose to sit on the floor during the movement section of the therapy. During these times, the therapist was able to note body shape flow, shapings in space, openness or closeness of legs and arms and the degree to which the back and pelvis supported Ps sitting movements.	During the act of sitting on the floor, Ps would sit in various positions with expression and comfort, depending on how they were feeling, or what they wanted to show to the therapist about their situations. Ps were not very conscious of how they sat until it was brought to their attention.
16. Sitting Behaviour:16c) Sitting on ball	During the times that D sat on the large ball, she often began to rock on the ball with specific rhythms. These rhythms of movement were often soothing to her.	D expressed a feeling of increased security during the time she was able to roll back and forth on the large ball with her own rhythms. Getting into her own rhythms was quite foreign because D has very few people in her life who had allowed her to do this.

Table Continued

Higher Order Movement Themes	**First Order Movement Themes**	**Dialogal Meaning**
17.Using props: 17a)music alternates moods and brings forth a variety of rhythms or transformations of atmosphere	1)Music was found to be helpful for inspiration 2)irritating, 3)relaxing	Music brought a variety of emotional associations or served to simply assist in dancing with feelings
17b)camera acts as the outside observer and Ps know that they and others can look at their movements later	P talks about having feelings about being a performer for the camera	Helped P to become more comfortable accepting themselves as seen by an outside view
17c)pillow acts as a soft and protective object	P expresses relief about screaming into a pillow	To give comfort and protection needed in the outside world

Table Continued

Higher Order Movement Themes	First Order Movement Themes	Dialogal Meaning
17d) Wrapping up or covering with material	1)stretchy material pretending to be in a beautiful gown 2)D allows the therapist to put a coat over D in order to hide at a time when she was talking about wanting to hide	1)Physically wrapping oneself up in the material felt fun and transforming 2)Covering psychologically and recuperating from this need by going fully into physical experience.
17e) Bouncing, rolling, rocking, hitting, kicking throwing a ball.	1)D was able to experience the fun and energetic feeling of bouncing a medium sized ball. She related bouncing the ball to her work with rehab patients and she was able to express her own pleasure in this experience. 2)D was able to experience rolling on big ball and giving in to her weight in a passive manner.	D had limited opportunities for exploring physical games in her life. By bouncing the ball, she talked about shyness. She explored the idea of her physical abilities to work with the physically disabled. D was explored letting go of body control and associated this with sadness about brothers and wanting to let go.

Table Continued

Higher Order Movement Themes	**First Order Movement Themes**	**Dialogal Meaning**
17. Using props: 17e) Bouncing, rolling, rocking, hitting, kicking, throwing a ball continued...	3)During the time that D rocked on the ball, she was able to allow herself to feel her own sadness and need for support. 4)Tapping ball lightly and irregularly 5) Kicking a large ball in a corner repeatedly 6)Throwing a sponge ball against a wall repeatedly	P allowed herself to comfort herself by rocking on a large ball. This was unusual behaviour for P who found it difficult to allow herself what she had never experienced from her own mother. Feelings arise as P rhythmically contacted the ball. There is an increased sense of feelings about what bothers P which she releases through the strong throwing action, then begins to verbalize what she wants to get rid of in her life.

Table Continued

Higher Order Movement Themes	**First Order Movement Themes**	**Dialogal Meaning**
18. Play: 18a) having fun moving	Moving in a playful context	D recalls issues of deprivation regarding play in her childhood and feels shy about playing, but expresses that she really wants more of these experiences in her life.
18. Play:18b) imitating own or others' movements	While moving playfully, P does dance steps improvized by the therapist	P found it a challenge to imitate the therapist's movements in creative play dance, but also felt very engaged in this fun. There was a bonding with the therapist at these times
18. Play:18c) playing with props	Moving to music was one way that Ps played with props	Ps had some music where playful, imaginative, movements were involved in the dance

Table Continued

Higher Order Movement Themes	**First Order Movement Themes**	**Dialogal Meaning**
18. Play:18d) posing	Posing occurred in various places, eg. when D showed the therapist her flexed muscles, from her body building or when M made a pose like an archetypal animal	Posing was fun for Ps as they were able to feel less self conscious and more into the sport or the drama of the pose
18. Play:18e) dancing playfully and joyously	Moving for the sole purpose of fun and excitement	Ps often found release and therapeutic pleasure in moving and expressing their bodies in a fun context. Sometimes this kind of movement would allow them to talk about their bodies in a less critical manner

Table Continued

Overlaps Between Verbal and Movement Categories

Table 6 discusses observed overlaps of verbal and movement higher order themes. These are not correlations as in quantative studies. Rather they are times where there are verbal discussions about movements or vice versa, movements that accompany verbal themes. There are movements where the participant continues to discuss how the movement is significant in terms of the verbal and movement higher order theme, while still doing the movement. There are some movements that fit a particular theme, but which the participants do not discuss. These movements, nevertheless are important as pre-reflective experience and they are observed by the therapist and experienced by the participant. Sometimes the participant discusses them in the interviews, but not during the session where the movements are occurring. Some thoughts and body sensations are discussed in an abstract or concrete way, but not observed by the researcher as movements per se.

Insert Table 6 about here

The movements or verbal dialogue can stand on their own, but it seems important to acknowledge that in the experience of movement therapy, there is an interweaving of both. Therefore, in the bigger picture, one without the other would not be movement therapy as experience by these participants.

Table 6

Overlaps between verbal and movement categories.

Verbal Categories

Movement Categories	Self	Feelings	Relating	Body	Activity	Therapy	Time	Family	World	Cognitive	The They	Gender	Movement	Aesthetic	Symbol
Transition	X	X	X	X	X	X	X		X	X	X		X		
Direction	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Habitual	X	X		X		X	X	X	X	X		X	X		X
Care/Non	X	X	X	X	X	X	X	X	X	X		X	X		X
Confront	X	X	X	X		X	X	X	X	X	X	X	X		X
Dance	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Relaxing	X	X	X	X		X	X	X	X	X	X		X		X
Role play	X	X	X	X		X		X	X	X	X	X	X		X
Authentic	X	X	X	X		X	X		X	X			X	X	X
Interact	X	X	X	X	X	X	X		X	X		X	X	X	X
Touching	X	X	X	X	X	X	X	X	X	X		X	X	X	X
Expressing	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Movement	X	X	X	X	X	X	X	X	X	X		X	X	X	X
Space	X	X		X	X	X		X	X	X			X	X	X
Observing	X	X	X	X	X	X			X	X		X	X	X	X
Sitting	X	X	X	X	X	X	X		X	X	X	X	X	X	X
Props	X	X	X	X	X	X		X	X	X			X	X	X
Play	X	X	X	X	X	X		X	X	X			X	X	X

Table 7

Therapist's Reflections

Higher Order Themes from Therapist's Responses	**Movements Observed in Participants and Explored**	**I Statements**	**Body-self Consequences**
Creating Letting go Separation Infant movements	Reflexes Impulses Natural rhythms Sucking Rocking	I am [id->ego]	body action
Beginnings Walking Falling	Finding body movements to actions Exploring Mobilizing	I can [ego]	body owning
Childhood Playing Socializing	Freedom Openness Vulnerability	I am here as myself	desire
Adolescence Awkwardness Strengthening Teaching Education	Moving energy Finding strength Competing Social rebellion	I want	choice
Young Adulthood Accomplishing Risking	Going forth in world Leaving home Separating	I separate	survival
Adulthood Maturing Aging Body Grounding	Reality finding Doing goals Enacting Working with efforts	I am O.K.	Questioning of own ego and persona

Table Continued

Higher Order Themes from Therapist's Responses	**Movements Observed in Participants and Explored**	**I Statements**	**Body-self Consequences**
Unity of Opposites Meeting of polarities	Shadow movements Awareness of movements Linking of opposites	I am opposite	Meeting ground
Images Archetypal movements	Meaning of movements Life motifs Reforming	I am a body-self	Umwelt-personal and collective motifs
Presence Being alive	Mitwelt-with others	As I am with others	Eigenwelt-being in time
Spiritual Transcending	Ethereal movements Soul/spirit movements embodied	I am more than I can see	Existence
Death Completing	Ending/ Beginning	I am nothing	Faith
Transitions Changes in movement gestalts	Letting go Accepting Reaching Becoming	I trust as a leap of Faith (fate)	Continuation transformation

Table Continued

Higher Order Themes from Therapist's Verbal and Movement Responses. As a therapist, my responses evolved from the movement and verbal exchanges with the participants in these co-constituted sessions. The above table talks about some of the patterns examined and reflected upon in the framing of my responses during the therapy session. They offer a sense of how I framed the movement interventions I would sometimes suggest to the participants as an evolution of the therapy.

Insert Table 7 about here

I attempted to respond with an accepting attitude, but my actions and words were not ideal -- did not always get received as I consciously thought they would be. I was very aware of learning along-side the participant. Often the experience felt humbling and exciting to me. When M experienced me as "critic", for example, the emotions released seemed out of proportion for her. This awareness helped her gain insight into how she had unresolved anger and tension around criticism of her body, her dancing, and herself, as a whole.

Similarly D was able to look at how she and I shared the therapy climate or agendas. At times I became the caring person she eventually found in herself. At times I became the abandoning, abusing parent. She also recognized how she enacted these behaviours onto her own body through punishment of excessive exercise and demands.

Therefore, depending upon how I sensed the movements and feelings of the sessions, I would walk with the participant, or role play confrontational movements, or I would simply be at the level of "me-ness" that was open to reciprocating with the participant. At times, this presented challenges in my own judgments and perceptions. I was very conscious and usually comfortable about how I was moving while relating with the participants. Where discomfort was present, I attempted to fine tune my feelings and my own bodily-felt awareness, in order to help me know what to do next (for example, be still and quiet, or to introduce another movement).

CHAPTER IV

Synthesis Discussion of Movement in Therapy

Meaning of the Movement in the therapy. The data supports the idea that the participants felt they benefited in their lives from the various movement experiences. The embodiment of their body-selves helped the participants think and feel differently about themselves. In other words, moving and feeling their body-selves in an attentive manner, increased their knowing of themselves from a non-linear perspective . The participants expressed an appreciation of creative ways of thinking which expanded their horizons, broadened their sense of their abilities, possibilities, and perspectives on their identities, increased their sense of self-esteem, helped them accept and care about their bodies, and expanded their movement repertoires.

Both D and M were in touch with their previous abuses, mental and physical, by allowing visual and auditory thoughts, in addition to kinesthetic feelings. They allowed the spontaneity of their movements in the authentic movements and creative dances. This freed them to go into creative imagination in dance. Ideas came from these experiences which started to reframe their thinking. For example, M has a sense that the power she is seeking is not the "pig" like power that she danced as she entered the world of greed and gluttony. This led her to re-examine her own sense of power and what she valued.

Movement experiences appeared to progress although not linearly or without retreats to old patterns or familiar ground. For example, D states: "I worry about repeating the same things again. I have the same feelings of being left out. I have to look after myself again. I get mad and look for excuses. I get on my own case."]

Sometimes the participants took a "leap of faith" and entered into their personal unknowns in movements, sometimes leading them to rather unusual body expressions and creative places. At other times, the movements which needed to be observed or noticed by the participants and myself, came from very small, often barely visible movements (shadow movements). Sometimes these were explored by making these movements even smaller, if possible, or exaggerating them for the sake of attending to their felt-sense meaning.

Individual movement therapy can incorporate all of the senses and all of them were evident and useful in the exploration of sensory *overlaps*, *anchorings*, and switching *sensory modes*.

Meaning of Movement to Therapy in General

Movement therapy and love. Movement therapy is not simply concerned with movement issues per se, such as range of motion or the aesthetic value of the movement. Movement, as experienced by participants, was about connecting to their body-selves' movements in a way that explored personal meaning. For example, when D hugged herself or bounced on and off a ball with a sense of joy and excitement, she lived a bodily-felt sense of loving joy for herself in the presence of her therapist, from whom she also felt love and to whom she gave love. This kind of spontaneity was rare in D's life and had been thought of as silly, shameful, or grounds for rejection by those whom she had considered significant others. Finding new ways of feeling what love meant within the various body-parts of herself gave D's whole body-self a way to explore, leading to changes in moods and feelings. New nurturing movements allowed the participants to slowly experience significant differences within their bodies' responses. Letting go of pain patterns and letting in nurturing was a body/mind/spirit process. They were able to let go of old pains and constrictions, sometimes using these physical changes metaphorically and allowing similar psychological changes in their lives. Joy could feel real and substantial with a mind-body-spirit connection to self and others.

Movement and spirituality. Movements in the context of therapy started to connect M to her spiritual self in a bodily sensed way which came by her using her breath more deeply and by her developing a sense of rightness about her breathing -- her life spirit.

M developed kinetic images in her dances which expressed personal and collective whole-body archetypes.

D felt that the Overeaters Anonymous model of God did not connect with her in a helpful way. She felt frustrated, confused, and saddened by a sense of failure to connect. She could not figure out in her thinking why she could not force this God-experience upon herself as she had forced exercise, food, and education grades. When she accepted her own power (physical strength and force), she accepted a sense of a higher power within her. She could then let go, as she did not have to abandon herself. The movements which facilitated D's belief in herself came from forcefully pushing both a male and a female figure away from her in a movement role play. After ejecting these figures, who represented introjected or false parts of herself (not integrated, but rather introjects from mental abuse during her early childhood and teenage years), she was able to accept her real anger and her inner critic, with which she began to live in a more manageable and less inflated way. She felt she was stronger and less prone to collapse from exhaustion as her life became more balanced and her body became more precious and real to her. Her body was no longer an object to be abused, and her body-self did not have to hang on to her old feelings of shame. She expelled the contempt she felt from others and had continued to feel towards herself. D became a nurtured embodied self that connected to her own "good enough" spirit within her core self.

Movement and aesthetics in movement therapy. M struggled with her own and other's acceptance of her style and form of choreography. She was uncertain about whether she could keep her values within her choreographic style, or if she should change to please her critics and get larger audiences. Although she rationalized that she should be able to be her own person as a professional, she viewed her present position in the dance world as one of struggle and possible financial poverty. In the archetypal movements which arose in her dances during the movement therapy sessions, M discovered that these images had universal aesthetic appeal and she did not need to feel inferior about her work or even restricted by the cultural persona of the grant bureaucrats. In fact, she chose to develop her images in several productions which followed her therapy. She felt that these were very successful.

Aesthetic awareness in dance therapy is also concerned with sensory, intuitive, and inter-subjective dimensions shared by the dancer and the therapist (witness). M struggled with the development of the aesthetic dimensions in both her personal and professional lived-worlds. She explored space, time, and energy elements of dance which relate to an aesthetic approach to movement. An example of aesthetic exploration would be the first dance of M and myself, in which we both danced; I then danced at times and observed at other times. In dance therapy, M experienced freedom to explore these dimensions without having to consider the cultural aesthetic critic which she had gradually learned to avoid (by not reading reviews) or fear (due to the rejection of her grant application). By exposing herself to her own impulses and owning her own body-self during these dances, M expanded upon her choreographic and kinetic ideas and moved herself out of her self-proclaimed "dry spell," sometimes referred to as professional burnout. At the end of therapy she talked about wanting to dance not out of ways which injure her (violent ways) but out of ways led by her muses or her inner spirit. Moreover, in a follow-up discussion months after the therapy ended, she said: "I do not get distracted by the professional world of dance now. It took me a long time to get here. I am putting on dance and healing workshops all next year."

Change. Dance therapy movement experiences became catalysts for bringing forth change. M and D experienced the therapy studios as safe places for expressive movement experiences. They talked about a creative, nurturing, and confrontational atmosphere. Attention was given to what was unfolding through their pre-reflected movements and reflections. This atmosphere held a sense of purpose and pressure which stimulated them both. They felt the need and often chose to focus on facing themselves and to delve into their inner sense of self and their body's movement. There was a sense that they did not want to waste their time in therapy or life.

Both participants felt pressure to move, since this therapy was movement therapy. M, D, and I all experienced some inner pressure to do the right thing, whatever that was and at the same time looked to our inner body/mind/spirit selves for guidance.

M and D also experienced pressure to analyze themselves when reflecting on the movements or listening to the tapes. Reflections assisted insights and movement changes. Both participants reported attitude and mood changes. At the end of therapy, both participants felt deeply touched by their therapeutic experiences. All of these pressures gave a certain energy or push to the flow of the sessions.

D and M both struggled, and later on in the therapy, succeeded, in doing their movements while suspending their inner critics. To do this, they had to deal with their inner critics, and not just avoid them. Change occurred for D when she allowed herself to express her anger and sadness and then go on to build a structure of bodily change within herself. These structures included letting go of the strict regimen of a body workout that she had previously demanded of herself. Once she let go of these addictive time fillers, she wanted to look at developing relationships, caring about her body in a more balanced way, and allowing herself to think and feel kindly towards herself.

Relationships. Relating to the therapist became an important component in the development of skills and feelings necessary when D and M began new relationships in the outside world. D and M sought out caring from the therapist in ways which helped them understand their relationship with their mother, expanded how they conceptualized their own self-images, and led them to believe themselves to be lovable, loving, adult persons who viewed themselves as ready for a commitment to a mate.

Movement and identity. Discovering and accepting themselves became important to both D and M, as they had rejected the way they saw their body-selves and the way they saw their movement-selves within specific contexts and memories. The various body-movement-selves gave clues to the therapist and participant about inner conflicts which became manifested as personality and body image problems. Personality and body image problems effected relationship problems. By changing their thoughts and feelings about acceptable and unacceptable movement expressions, the participants began to accept new identities. To augment and reinforce the experience of these new moving identities, possibilities were explored further in role plays, dances, reflections through use of mirrors, and discussions. For an example of a role play, D says: "There was another incident in which the instructor pissed me off. I role play what I would like to say to the instructor. I would probably get stripped if I acted the way the instructor did. I am confused when the instructor tells me to project what I do not feel and yet I am learning to project what I do feel. I need to know that I will make it because I cannot see myself doing it." By role playing D's anger and the instructor, herself, D felt more empathy, release of her anger and strength in her body.

Movement and accepting life. Movement as experienced in movement therapy enhanced an awareness of how integral movement is to all of life, and how it connects the body-self to existence in the world. All of the variations of movement and the accompanying feelings became more acceptable and desired by the participants, since they now saw how they could learn from their body movements in ways that they could not learn from in their regular analytic thinking. They saw that their movements were less oppressive if they were less oppressive to themselves, and that by paying attention to their movements they began to pay attention to who they were becoming -- living, feeling, creating persons.

Rites of passage. Although M and D knew intellectually that they were adults, they recognized that their body-selves could not put on adult personas prematurely. Both participants recognized that they had been relating to men in ways which did not bring about successful intimacy. When D allowed herself to experience her child-self more fully and nurture her child-self in a loving way, she could then give this child a chance to communicate with her adult part and begin to meet her own needs without having to expect this from an intimate relationship with others. They both discovered the relevance of their child part to their problems.

D found that her child-like movements were easily seen by her as she watched on the video. Her innerself was touched by seeing her child-self cry. The passageways to adulthood do not come through abuse patterns repeated by the self. Only by developing new movement/feelings towards herself did D see her child grow and become strong.

Birthing the woman. M exemplified the complexity involved during the exploration of what it is like to become a woman. The labour involved both ecstasy and angst. She pushed herself to experience ecstasy in a trance-dance but found this was not an enlightening passageway for her as she had hoped. Instead, M gained further ground on the day she accepted the inner thought/feeling that her breathing was just right for her. This experience moved her inside. In terms of angst, M explored the archetypal and excessively greedy god Bacchus. By going to this extreme, M discovered that the kind of power and substance she wanted could not be obtained from the Glutton archetype (the bulimic self). By getting in touch with her feminine anger, she was able to find her own destructive self and then her creative self.

Facing the fear of the unknown. D and M both learned to move into unknown places, literally and metaphorically. They learned to take their body-selves along with them on their outward journeys as well as their inner journeys. This was accomplished in movement by expanding the felt-body sense and exploring body movements physically, mentally, and spiritually. This integration of body-mind-spirit led them to focus on centred, *grounded* movements through space and time. This changed their self-images and gave them more possibilities. They could bring themselves with them instead of abandoning themselves.

Overview Discussion

Movement and psychological presentations at the beginning of therapy. D and M presented their body movements with their own personal signatures or styles of expression. In addition to their functional movements, their body movements incorporated neurotic behaviours which are often overlooked in social contexts because they are sanctioned by social norm acceptability. These particular movements included patterns of body tensions and *shadow* movements. [D states, "I now want to change how I feel in social situations. I am mad at myself for not being able to go out and have fun very often. I remember a time when I was able to go out and have fun. I do not want to be alone and miserable. I am miserable when I am with friends and I do not feel any closeness, when the relationship does not seem special to me." [Meta comment: Here, D's goal in therapy is to feel more comfortable socially. She is looking for love.]. Both D and M incorporated movements which were identified by them as constrictions within their bodies. For example, they experienced their bodies as compressed and held together by muscular tensions, sometimes painful and sometimes merely tight. Their breathing was held or filled with sighs, which they experienced at times as either oppressive or deflating.

Upon entering therapy, M complained about having fewer creative ideas than usual. She described her awareness that her movements while choreographing were less productive or inspirational to her, and she related this to her need to recuperate from the loss of a boyfriend and from the news that she had lost a particular professional grant. M's lack of creative activity led her body to experience lethargy, tension holds, injuries, tearfulness, and imbalance with regard to weight distribution. The effect was a sense of depression. M was still feeling guilty about past bingeing behaviour she had stopped on her own.

In contrast, D experienced her down moods in frequent cravings for excessive amounts of food (bingeing), compulsive exercising, ruminating thoughts about abandonment/rejection, and a negative self-image. She barely noticed her excessive fidgety behaviour until it was pointed out to her. In terms of social behaviour, M's movements kept her feeling isolated from others, defending herself from criticism, and protecting herself from intimate relationships. M's parents were elderly and M had to face their unknown life-expectancy. M frequently protected them from the direct expression of her strong feelings. Later, she was able to recognize anger towards both her father and her mother. D depended on her Overeaters Anonymous group to protect her from her loneliness. She panicked and became lethargic when she thought of "doing things" on her own. [D states: "Depending on others does not help me become independent. I was unable to cope this morning because I was not perfectly prepared, but I really feel a need to be accepted by everyone. I panic if I feel this does not happen.] She struggled with trying to be closer in the way she related to friends. She lacked confidence about her ability to reveal herself in the presence of other occupational therapy students, and often felt inferior to or jealous of others' relationships. [With regards to her boyfriend, later in the therapy, D has conflict about feeling jealous because she is afraid of losing her boyfriend: "I am not jealous; that others find him attractive makes him more attractive to me. I do not like jealous people or getting jealous myself. I do not want to show jealousy to Al. I fear what jealousy will make me lose."]

D's family gave her very little. She had great difficulty expressing her anger towards her stepfather and she was afraid that her mother would not back her up if she confronted him directly. In summary, M and D acknowledged their own depressions and sought to help themselves through therapy. Both of them had experienced verbal therapies but had not addressed or learned how to appreciate their body-selves. Movement therapy provided a vehicle in which to do this.

How participants approached their body-selves. During the therapy there were numerous changes in how the participants viewed and lived in their bodies. In the beginning, M talked about how she would dance other emotions in her dance choreographies, but not her bitterness. D made excessive demands on her body/self by going to an extreme workout in the gym, forcing herself to get honours in school, and constantly compensating for feelings of inferiority by worrying and preparing excessively. Both M and D frequently criticized their bodies and feared that they would get fat if they did not discipline their bodies in a very controlled manner. [D states: I believe I emphasize my exterior because inside I am not an outstanding person. I am better able to control the physical aspects of myself. I wonder what I achieve in life by losing weight and controlling my body.] These lived-worlds had been learned from how others related to them (Mitwelt) and how their culture promoted thinness (Zeitgeist).

During the therapy, M was able to appreciate her body/self; for example, she learned from her injuries instead of fearing and resenting her body for reacting to the stresses and demands of her dancing. The question arises whether the movement approach was necessary for M to address her body injury issues. She is able to intellectually know she was in some way responsible for her injuries to her body. However, she had been to psychiatrists and had not addressed her body issues at those times, according to M. The biggest hurdle for M was to really let her body have a voice about what was happening, before she increased her injuries or continued to abuse her body to the extent that her body could no longer dance, and perhaps had more serious physical problems.

She began to address her life in a manner that approached an inner sense of balance between her physical, mental, and spiritual needs. For example, she practised Aikido to learn to appreciate slower movements, meditation, and a sense of her spiritual self. [However M was confused about her meditation and questioned her success: "I feel inadequate in meditation, struggling against my demands on myself. I am having to fight just getting discipline as a substitute for power. I have no idea what meditation really is."] In Aikido she was less afraid of her pain and more focused on ways of being kind to her body. This called for M to look at who she was and what kind of persona and dancer she wanted to be with the body-self she was becoming.

D began to look at ways of letting go of her resentments and expressing herself more assertively in the outside world as well as in the sessions. [D states while looking at the video, "Jo Ann and I tried to dance with a different perspective, and I describe how I felt and looked. I want to work on being freer, on dancing without being self-conscious."]

D was able to cut down on the extreme demands on herself by going to the gym less often and taking some time off schoolwork, even if it meant not getting honours. During this time off, D was able to connect with other people. D talked about wanting a boyfriend in the future and was eventually able to find herself a boyfriend, allow herself to be present with him more honestly, and ultimately marry this person. This relationship required D not only to tell someone close to her about her bulimia, but also to accept herself as a lovable person. By the end of the therapy, both D and M talked about accepting themselves as people as well as accepting their bodies more fully.

Movement awareness of the participants. It is interesting to compare the variety of differences between how M and D became aware of and conceptualized their movements. Coming from a very different background in dance, M took more risks in her dances than D and defended herself with some awareness of purpose in her everyday conversations with others. M talked about getting feedback from another person who viewed her as being more "human" and interpreting this as a hint to improve how she related to others. This experience arose when she felt vulnerable after the loss of her boyfriend, a time when she first experienced depression. D talked about her self-consciousness when she danced on her own in the sessions. She approached movement therapy with anxiety, which soon appeared to lessen through the use of movement therapy props that supported her. D talked about how the presence of the therapist brought stability to her body-self during the sessions and in her life in general. D discovered new body images of herself through looking at the mirror and the video. In summary, both M and D increased their awareness of the importance of their own movements to their self-development. They appreciated both the connection of motions to movement and how movement, once brought to awareness, taught them about aspects of their feeling selves. Both M and D accepted the experience of a wider variety of movement expressions.

Shadow movements of the participants. *Shadow* movements occurred in both the dance and conversation sections of the therapy. Sometimes the video playback allowed the participants to see movements of which they were unaware while living within the body experience of these movements. On various occasions, I pointed out these movements to the participants in an ongoing manner during the therapy. For example, D became more aware of her movements with the kleenex when I drew her attention to this behaviour. The purpose was to appreciate the richness of these movements as metaphors, not to fixate upon them. By talking about the immediate bodily experience, D was able to appreciate feelings such as sadness, anxiety, and anger relating to inner conflicts. M was more familiar with her dance movements and less comfortable exploring minimal cues and what are often considered unimportant gestures. She began to learn from these movements and exaggerate them in ways which helped her integrate the parts of herself which she rarely danced or considered important. By bringing these *shadow* movements to her awareness, she explored the unknown parts of herself and valued them. Both D and M incorporated movement expressions for their less known but becoming selves.

Co-existing in a therapeutic milieu. Both participants acknowledged the importance of being with a therapist (myself) in the sessions. They experienced the therapist as providing a safe place for them to grow, be accepted, and then to part. During these experiences, there were times when the participants recognized that their feelings towards the therapist were not logical; rather, the therapist represented figures from the past or future in symbolic ways. On the other hand, both participants felt a close attachment to the therapist and felt that their relationship with the therapist changed over time depending on what was happening within themselves.

Movement responses from the therapist. I responded to the participants as both evolving people and persons capable of movement change. A synthesis of the categories of responses as they evolved in the sessions may be found in Table 5.

"Creating" was chosen as the title of a category because "creating," unlike "creation," is not a static word or a product word but implies motion and continuity. It connects with the transitions at the end of the process; continuation is represented by going past death and on to transformation.

Transformation involves a changed form which continues the creative process. A person's life moves in a circular fashion towards completion but also continuation. One draws from life experiences through time and is not restricted to fixed stages of development. Circles have often appeared as representations of wholeness. [M states: "I am walking slowly in a spiralling-inward circle. My eyes are closed. I have my hands in my pockets. Jo Ann is watching me. The context is that I am worried about my inner feelings that are growing. I think that it is important to get my feelings out. Jo Ann talks about the tight circle of my inner self. She tells me to go inside and then to look outside, from the place of the inner feeling. I do this dance, walking in a circle. Now the context is that I am afraid of not being allowed to work. To me, dance emotion is real emotion. I have noticed insecurity in my relationships".]

Essentially, I desired to accept the participants by finding out how they presented themselves and following their development as their movements unfolded. As a therapist, I wanted to acknowledge their explorations in movement and connect these movements with their psychological development. My emphasis was on the creative possibilities which evolved within each of them.

Verbal responses from the therapist. Verbally, I often reflected what I saw in their movements or asked questions about their experience. In addition, I considered educational statements about body/self important for expanding conceptual understandings and future visions.

Synthesis of responses from the therapist. By approaching the participants' movements and verbal dialogues, I became more aware of my own responses to them. Some of these responses had the intent of leading the participants to develop new vocabularies about their bodies; other responses were more casual and attempted to allow the participants to experience an accepting environment in which they could do their own work.

Entry points to change. Entry points are points of friction or openness. Some aspect of the session catches the therapist's attention as a place to suggest a movement or reflect a movement or statement back to the participant, with the intent of producing a therapeutic change. Many of the entry points for therapeutic change were unplanned and spontaneous, emerging from the movement messages themselves. For example, discussion occurred after archetypal images came through the kinetic motions within the dances. Another type of example would be D's feeling of support from the ball and her internalizing this support as meaningful after the therapist emphasized how she was allowing herself to be nurtured. Sometimes the discussions about the movements became entry points to further awareness for both the participants and the therapist. The creative possibilities stretched the more limited conscious views previously held by the participants. [M states: I want to give, and that sometimes causes me to meddle. I am not believing in myself and I have to keep proving my worthiness. I have to keep proving I can succeed, and I want to succeed at everything, but the pressure is ephemeral and damaging. Other people thinking that I am a success only influences me when I do things. I don't necessarily need praise for my work. I have felt success in just being, even though I don't have a lot of confidence. I consider this the real conflict in myself. I made a decision not to leave my mark on the world, but not consciously.] D reported feeling conflict about her self worth: "I have told my mother she cannot take her money with her when she dies, but I wonder why I do not apply this concept to myself. I agree that the statement about not taking it with you is negative. I believe I feel guilty about spending money, looking after myself, and being nice to myself because I am not used to these activities."] The participants' reluctance to accept some movements became an entry point to examine the purpose of this hesitation. For example, when M thought I was criticizing her posture rather than exploring possibilities with her, she quickly began to run the inner scenario of past dance teachers' criticisms. This incident became an entry point for dialogue about her resentments, hurts, and blocks, which might not have surfaced for discussion otherwise due to M's discomfort about these experiences. In the end, M learned to be less critical of herself and to accept others such as myself as friends rather than outside critics. The other type of entry points were chosen by the therapist for educational purposes based on how the therapist observed movement restrictions; for example, D needed to learn ways to reflect about her body rather than attack it. In summary, most entry points evolved from an opening presented by the participant either verbally or non-verbally. Permission to enter the lived-experience of the participant was sought by the therapist on an ongoing basis, in order to clarify, enhance, acknowledge, and affirm the experience.

Continuum of movement processes. Although the agenda for any given session was not set ahead of time, it became clear from the developing protocols and themes that there was a continuum of movement explorations. Such a therapeutic continuum is often called process. M's movement continuum led her to establish a felt sense of trust by exploring a dance with the therapist. This initial relationship established a baseline of movements and a boundary awareness between M and myself. I suggested that we walk together in the next session in order to allow M to experience less dance-like movements and to talk with her regarding issues about which she was concerned. The movements began to explore M's inner journey, looked at her way of handling injuries in her body, and then evolved to exploring archetypal images in dance, which M wanted to incorporate in her choreography. M's movements explored variations of energy, time, and space in both spiritual and bodily-felt realms. D's initial movements revealed a pattern of tense, agitated, fidgety habits, sometimes known as neurotic behaviours. Many of D's behaviours revealed adolescent-like movements at the beginning; they later changed to childlike movements and then alternated between childlike and adult movements. This kind of fluctuation was felt in a bodily way by D as she wanted to see herself moving like a child and crying from a child-felt archetype. She wrestled within herself about whether she had the right to be herself as she was continuously being told by others to be different. There was a part in herself that continued to criticize her whenever she was silly, spontaneous, creative, or unpractical. Her adult self wanted to be seen as competent, bright, and loved, but often felt overwhelmed, inferior, and rejected. In terms of movements, D enacted how all of these parts of herself would move and dance. Seeing and feeling these movements allowed D to accept her movement continuum instead of having to see-feel herself as okay in her body-self. She expressed delight about her new accomplishments and being able to like herself. She also recognized her tendency to backslide and her need to be kind to herself instead of rejecting herself at these times. By getting in touch with her *shadow self*, which was a nagging mother-self archetype, D was able to take control of this behaviour and how it affected her whole self. In summary, by following the continuum of movement possibilities, the participants were able to accept their mood fluctuations and various parts of themselves had a chance to be expressed.

Integration of verbal and nonverbal processes for the participants. Although there were differences between M and D, as noted in the unique themes, both of the participants frequently benefited from the dual information received from verbal and non-verbal experiences. The verbal discussions with myself and the movement experiences in my presence often allowed the participants to express thoughts and actions they believed to be unacceptable either to the significant others in their lives or to the "theys" of the outside world. By owning these aspects of their thinking and discovering how their bodies manifested these thoughts, they often discovered more self-acceptance and found the courage to be themselves more fully in the presence of others.

By giving themselves the freedom to explore movements which spontaneously came up through authentic movement, an improvized dance to movement, or an exercise, they also learned to give themselves more freedom of movement in the outside world. In this way, the therapy, according to both participants, allowed them to develop confidence and see themselves as more expressive and creative. Part of this work came about by acknowledging their own critics within (and in D's case, her introjected critic as well). By incorporating the good intent of constructive criticism and distinguishing this criticism from violence and abuse, both M and D were able to find inner strength and bodily efforts that reinforced becoming more themselves. Although verbal and non-verbal experiences are important together, they were valued separately as well. By experiencing a chance to talk, be listened to, and carry out dialogue with the therapist during the sessions and interviews, the participants began to listen to their own voices and thoughts in a more satisfying way. Sometimes the participants felt the fun. [For example, D states: "I have fun on the ball and explore my body feelings as I reach out to the ground to support myself. It feels good to reach out. I think about my past, how bad and lonely it was and how it made me shut myself off. I do not reach out because I do not believe it will make a difference. The fact that I do not reach out keeps people away.] There were experiences with excitement, pain, and inner force of their own outward movements from which they felt they benefited in the moment and in the bigger picture in a bodily-self way. After the participants explored and talked about their movement experiences, the movements often took on more meaning for them and catalyzed the production of new ideas for their lives. The synthesis of the verbal and non-verbal data partially came about through the verbal feedback from the participants at the time of watching the videos. It was also possible when the participants offered verbal translations immediately after the body/movement experience. In addition, the movement observations of the therapist/ researcher were noted and these observations of therapy by the therapist moved towards taking more fully into account the whole picture. A synthesis was reviewed through the videos and reassessed in the ongoing context.

Synthesis for both Ps -- what they had in common, verbally and non-verbally. Both Ps expressed that they felt a sense of positive regard from the therapist which was indicated non-verbally through reciprocal caring during some of the later dances. Both Ps expressed the feeling of being loved by the therapist and feeling warmth and friendship towards the therapist.

Both Ps moved from positions of feeling depressed and insecure into feeling that their moods were a part of them which they began to accept more fully, although they knew it would be an ongoing challenge for them, not to criticize themselves too harshly and to nourish the child within.

Both Ps felt better about facing their eating disorder problems and related feelings towards self and family.

Philosophical questions explored (Umwelt, Mitwelt, Eigenwelt, Zeitgeist). Being a body in movement therapy brought up questions about when and whether to bring attention to neurotic habits, dance movement corrections, and *shadow* movements.

Being present with the therapist and allowing oneself to be more open about one's own body is a major risk for most people and was evident for M and D (Mitwelt [being with others]). [D talks about how it is for her to be with others now, when she says: "My thoughts make logical sense, but they do not make sense in terms of my feelings. I am resentful of the fact that my girlfriend broke off our relationship. In the past, I did not want to get close to anyone because I did not believe a relationship could work out. I am relieved that I can get in touch with someone now, and realize that I was too intense before. I watch myself now. I have a hard time getting close to people and then letting them go. I feel it is necessary to find a middle ground.].

Being a body also includes the idea of a body-self perspective in the moment and through time (Eigenwelt).

Both M and D expressed ideas that could be considered in terms of Zeitgeist (the spirit of the times). For example, being a thin body was valued by both of them. The ideal of the thin body, promoting thinness and eating disorders, has been considered a plague of modern advertisements and Western culture.

Therapeutic benefits described by participants. In the first session, M said, "but there was a knowing there [in the movement in the dance] at that moment that went very deep, which goes so fast, and some in a session, like this, through movement, it goes through light years, it takes you through a, you know [spiritual experience]."

M stated on October 6th, "it [movement therapy] interests me because I actually realized there is a need for therapy [for me and others]."

On October 13th, M stated, "last week was a powerful session."

On March 17th, M stated in her reflection concerning a videotape taken November 10th: "I'm analyzing all the time. That's why I don't like sitting here and analyzing my movement, because I'm analyzed all the time when I dance. It was interesting, that session we did with dialoguing with the lower back, the pain, and coming through that session to a feeling of affection for it, because in a way, it is a guide or a gift of a guide, much as it pisses me off and makes me angry, but I realize it won't stop." Another reference to analyzing, M states: "I am analyzing myself as an active person, rather than a contemplative person. I am blocking painful things with activity."]

On April 13th, M stated: "I feel taller when I do the trance work." On June 2nd, M stated: "I'm really interested in learning much more about earth shamanism and crystals and healing." She added: "At a personal level, so, it [movement therapy] is real, yeah, it is. It seems like throughout this year, I feel like I've changed a lot. When I sit back and I think now to this conversation and how I feel, to that first conversation, doing the video and walking around the room, not that it was bad then at that point, but I can see that, oh yeah, there's just an awful lot of opening. Things that have happened and just things that have happened." During the interview on the same day, M stated, "I feel like what we were talking about, that I've come, you know, like, a lot has happened, but I feel more like I'm right at the very beginning."

On June 22nd, M stated, "I think that the therapy has had a very deep effect. I think I was ready and I asked for it and I got it." M then laughed. Later in the dialogue, she said, "... deeper than words, the world really knocked me, but there was an affirmation of a lot of things that I believe in. The knocks hurt deeply." M acknowledged that she would have to be very wary of taking criticism, but that accepting some criticism was necessary if she was going to help herself grow. Rejection from her ex-boyfriend still hurt, but M accepted this hurt. She said, "I don't poke around at it [the pain] every day like I was." M offered me her respect and wanted to honour my work. She stated that I knew more about her than her parents.

On January 9th, D commented on her session of December 12th: "I felt like when I was doing ballet, I really enjoyed that, and I thought it was relaxing and uh, maybe something I might look into. There's a lot of things I want to do, but maybe it's something I might like, like to do in the future, just for myself. Like, not to say I would become a ballerina or become a dancer, but just, you know, just to learn body control. I use some of the movements and then the other night, before I went to bed, for half an hour turning some music on and I was doing some stretching that you had shown me and then I started dancing, because the music was, and it was good, because I really enjoyed that." D was appreciating the value of moving to music again; it felt satisfying to her.

On February 14th, D commented, "I think, actually, you know, that I can see a lot of growth in that area of movement therapy 'cause once people get to know what it's about, 'cause I find that for me it's given me a lot of awareness already. I think it could be something really big if people would pay attention to it. People need to be educated on that stuff [movement therapy]."

On February 27th, D stated, "I look more graceful to me than I did before, so, I must be learning something. I was watching me and you [Jo Ann] when we were dancing together and we're going to go out there with a different perspective and just try to be free and dance the way we feel, and at first I felt very guarded about what I was doing and not able to really let go and do what I want. But I felt as we progressed through the music and got on further, I felt more free to move around and to dance as I pleased."

On March 5th, D said, "I was wondering how long we're going to be seeing each other and I was thinking I've got, you know, I need to form or work on other outlets for my emotions. 'Cause I talk to you a lot, but yet, I still talk to other people outside of here, but not maybe as intensely, and maybe I need to start developing other areas where I can do that because I know this is good for me, you know, I need to continue that. Like leaving home, in a way, in a sense, 'cause I've gotten so comfortable being here and I have learned so much about myself since I started seeing you again. 'Cause I came to you when I was really going through a difficult time again. I think I've made a lot of growth in that period of time since I've been seeing you. I'm really learning about my emotions and myself and how my body can relate to that."

On April 2nd, D stated, "I'm learning a lot about myself in these last few months. I feel stronger, a lot stronger. I feel like I want to continue occupational therapy studies. I want to continue living. I want to get involved with other people. I want to have a relationship with a man. I want to do a lot of things now, where before I didn't think that... I wasn't sure if I wanted to or if I would ever be able to. But now I feel I can. It's good to see the growth I've made, to see how far I've come, and I'm learning."

Leaving D's friends was difficult for D. She seemed to be avoiding addressing the issue with her friends. [D states: "I have not seen my friends very often, but I have not really said goodbye.]

On April 30th, D said, "I had gotten so much better there, you know, when I was seeing you and my moods weren't up and down anymore. They were more level and I was feeling more confident and willing to take challenges and then just felt like when I had to face saying goodbye to you, it just... I don't know. You've given me a lot of tools and things that I can do, like relaxation, exercises, visualization, movement, and hugging a pillow and things. Like, I really feel good, like, I can take those things you've taught, told me about, and apply them and stuff."

On September 11th, D said, "Yeah, I know it's been good for me coming here right from the first time. I feel strong enough right now, like, I can let go and get on with my life. I learned a lot through being here with you."

Turning points described by participants. M described the importance of accepting her body pain as a way of taking care of herself. This became an important turning point when M let go of her fear of pain and focused on accepting what her body felt. M also recognized how much she let others' criticism affect her, instead of focusing on her own support system from within. This turning point allowed her to keep a buffer between others and herself and also allowed her to recognize when she was being critical of herself. As M accepted the archetypes that spontaneously arose in her dance images, she also accepted her style of movement and her creative impulses in an aesthetic way instead of judging from an aesthetic perspective.

D's turning points came when she thought about a possible separation from me. This early departure proposal sent D into despair about abandonment. Her child-self was able to address this through role play and continued movements with props. D was able to talk to me in ways she had wanted to talk to her mother (transference). She had more control over when she left therapy and work towards timing that was suitable to her rather than leave therapy simply because she was feeling better at that moment. D learned much from this experience; for example, she learned to assert herself through her body and her voice. She learned to express some of the anger towards her parents and others. [For example, D states: "I decide to role play the anger I feel for my instructor. I tell Jo Ann that I am really angry with my instructor. Jo Ann wants me to express my anger to her as she plays the role of the instructor. I laugh, and Jo Ann states that my movements seem to express a desire to hug her. I tell Jo Ann that I would hug her but not my instructor. Jo Ann asks me to get a clear picture of my instructor in my mind and I do so. Jo Ann tells me to say that I am angry in a lower tone of voice, to put one foot forward, and to push her hands. I do this and laugh. Jo Ann tells me to do a slow emotional push -- with strength, bending my knees. I begin to feel a lot more force in myself as I push. I tell my instructor I am mad at her: "You make my angry me. Just asking a simple question. You made a big thing out of it." Jo Ann instructs me to go further and to tell her to get lost. I say this while looking in the mirror and I laugh. Jo Ann suggests I do it away from the mirror. I continue and I notice I feel like a child -- I really feel my anger as I do the motion. Then I think that if I really did this, they would come and take me away. My back feels like it is loosening up. Jo Ann suggests we do a dance with some light movements, the opposite of the strong pushing movements that we have been doing. I wonder if the sessions will work because I have difficulty opening up. I discuss my anxiety and how I focus on it, and how uncomfortable I am with anger."]

In summary, both D and M experienced separation from the therapy and the therapist as an important part of their movement therapy experience. Both had experienced traumatic losses in their lives which led them to ongoing depressions. By expressing the feelings in a bodily manner and learning to feel strong and vulnerable within themselves, they accepted the totality of their experiences more fully. In accepting these experiences, they accepted their life force in a bodily felt way and brought themselves into their lived-worlds with more satisfaction to themselves.

Synthesis Derived from Underlying Structures

Themes or underlying structures inherent within the data of the movement therapy experiences of the participants are found in tables 2 and 3. The second order themes or higher order themes were derived from the first order themes. These higher order themes are abstracted, but link to the original experiences. The movement therapy experience involved many higher order themes or categories of experience as well as the whole or gestalt experience. The experiencing of the self, who one is, was a major category, with several subcategories, experienced by the participants. To even begin to appreciate the essence of self as an embodied person with integrated reality, is a major shift from alienation, hopelessness, and powerlessness experienced by many depressed clients.

Feelings about issues, people, events, or bodily movements were another major category derived from the movement therapy experience. Feelings or emotional sensations connected with experience were often immediately experienced as felt by the participants. These feelings are not necessarily linked to a cognitive reason for feeling that way at the moment of the experience. Upon reflection, connections were made from their feelings to how the participants' bodies felt and/or what was happening in their lives. These connections led the participants to many insights about themselves and their world.

Relationships was another higher order theme derived from a cluster of themes and containing subcategories of themes. Both participants looked at how they lived a co-existence with others, how they moved and discovered themselves and others to be unfolding through these experiences. These relationships were looked at in terms of their movements interacted with others and vice versa. As well as they reflected upon how they felt within this lived world through relating with others.

Their experience of their body-subjective was another higher order category described by the participants. They each experienced an alive, moving body that held many tensions, pleasures, feelings, pains, and histories.

Lived-world-activities contained the way that the participants thought/felt/perceived their functioning/recreational activities. Their lived experience of these activities related to how comfortable and uncomfortable they moved in the world of others. As they became more secure within themselves, their view of their choice of activities also changed.

The participants' reflections about therapy were an important aspect of their experience of movement therapy.

Time is an important category in terms of a lived-experience of how the participants experienced time, frequency, duration, life span, and not enough time. Time is an existential element, linked to the participants' sense of beingness in space/time. Thoughts and feelings about their families was a major category in the therapy for both participants.

An abstract, sometimes overlooked high order theme that presented itself is that of world-relationship. This category included first order themes about their abstract view of the world and how they co-existed in relating with this abstract concept, sometimes with a material referent, but not always.

Another higher order theme involves the participant's thinking, how the participants thought and about what they thought. Although the category called "others" might not be thought of as a significant higher order theme by some readers, I wish to argue that how the participants thought about others, such as those with AIDS or Cancer, or those involved in prostitution, was reflective of part of themselves that they did not easily identify, but about which they had many feelings, fear, shame, guilt, and anger.

Thoughts and feelings about sexual issues was another higher order theme. What they experienced with regard to sex issues ranged from sorting out what their masculine and feminine aspects were to exploring their sexual relationships. Statements about their experiences of or thoughts about dance became another higher order category.

Movement included a description of movements in the therapy or any reference to the participants' movements in general. This higher order theme supplemented the movement observations and often allowed the researcher another window from which to view the participant's perception and lived experience.

Aesthetic experience included all aspects of cultural and non-cultural references to time, space, and dynamics, as well as beauty, grace and art. Symbols included metaphors, analogies, visual images, music or danced images as they were discussed in the text.

The higher order movement themes included behaviours that are transitional, directional, habitual, self-care/ destructive, confrontation, sitting and interactional. Expressive and exploratory movements were found through the themes of dance, relaxing, role playing, authentic movement, touching, and expressing self were also major themes. A variety of movement qualities in specific contexts, as represented by effort-shape language, were also a movement theme. Space usage and floor usage, moving while observing self or the therapist, using props and play were the movement higher order themes that related to orientations in space, modelling, feedback, or play objects. Together these themes give "presentational" approach with artistic data, as compared with the verbal themes which give a "representational" approach, based on symbolic language (Eisner, 1991).

In the context of movement therapy, participants learned that their bodies were living, communicating, feeling and thinking body-subjectives. They appreciated that their bodies had feelings when they had experiences:

pleasant or unpleasant, nurturing or critical. By learning to pay attention to the importance of their embodied selves, they brought to conscious reflection new and important choices about how they lived in the world (Umwelt).

The innerself was often touched or moved. The participants took more and more ownership of their embodied movements. Their emotional and physiological movements embody the lived world as experienced by the participants. Moreover, they felt the difference between centred connection to the world and disassociation or disconnectedness.

With regards to their relationship to others (mitwelt), they examined ways of relating at a body-felt level as opposed to a disembodied level, where their feelings are not centred and congruent. They connected with new ways of understanding the cultural influences on their movement behaviours (Zeigeist).

What if verbal dialogue was the sole experience and movement had not been integrated into therapy? To begin, this is impossible because gestures/postures, moving within and between space, quickly or sustained, are all part of verbal dialogues. Dancing changed the range of movements present as compared with sitting in chairs and talking, although the movements which occurred in the sitting sections were relevant and important. Degree of movement was a part of the issue, but more emphasis was placed on expectations and curiosity about the inclusion of bodily possibilities in the therapy and the body's ability to heal through movement experiences.

Discovering during exploration was part of movement experience because participants could not control or predict most of the movements coming forth from their bodies. Movements translate differently than word thoughts: non-linearly, sometimes mysteriously, transforming, sometimes embracingly felt to transcend to a body/mind/ spirit realm of existence.

As well movement experiences did bring on fear, self-consciousness, dizziness, and outside of the therapy, even injury, all of which awaken in the participant some thoughts and issues from the unconscious which the participant did not want to address directly.

Qualitatively the body's expression is important. Dance or using props to extend or facilitate the experience of certain movements, added more than the verbal expression of certain issues -- dance/movements were also a means to kinesthetic learning, trusting one's body experiences, even symptoms, rather than overcoming them, and allowing the body to move authentically. Altogether the participants experienced movements as healing/emotionally expressive/ associated with past thoughts or new thoughts/ and transitional, moving towards change.

Essence of movement therapy. Approaching the essence of dance-movement therapy led me to incorporate many facets of what is involved within the safety of a therapeutic setting: the sensitivity and alertness of the therapist and the responsibility and freedom experienced by the participants to allow growth and creative self-expression. The participants explored their moving lives from the place of the immediate existence of their body-self. Later, they were able to reflect upon the immediacy of these experiences and learn from themselves.

The following appears to be the closest description of moving in therapy which is unique to movement therapy as opposed to other therapies. Both the freedom to move and to not move were important. Immediacy of bodily-felt movement experience appears to be essential to the ingredient of movement as therapeutic. By attending to the moment, the participants were often encouraged to attend to their body's wisdom, kinesthetic knowing and physiognomic learning. Creativity was experienced through paying attention to these physiognomic knowing experience. A sense of self-evolution occurred through the dances that unfolded or evolved and through the body-selves that were eventually loved and appreciated.

Limitations of this research. This research attempted to describe the experiences of only two participants and the experience of the therapist, with a goal of delving into the particular rather than the generalized. Deriving generalizations about movement therapy must be done cautiously and conservatively. After further phenomenological studies have been completed, then other methodologies may be employed which aim at generalizations. However, in this study, listening to the participants and therapist's dialogues gives the possibility of further penetrations into the experience, leading to new insights and further questions about movement therapy. Feedback from the participants is the strength of this study.

Although this study did a thorough movement analysis of the participants during the sessions in order to find first order and higher order themes and ultimately to synthesize meaning, the movement analysis was used to stand on its own and to supplement the verbal analysis in order to give a more complete picture of the therapy experience. A movement analysis alone does not give insight into the whole of the experience. That is to say, a movement analysis reads as a sequence of actions which at the very least must be connected with the context of meaning and the thoughts of the participants. The therapist also notes her own movement dialogue and thoughts about the participants' movements some of which are unconscious to the participant, but nevertheless are present in the co-existence of the therapy session.

Limits of Methodology to Specific Populations. Movement therapy works with many populations, some of which cannot talk about their experiences as articulately as the two adult women participants of this study. The types of movements and therapeutic issues in the lives of other people may or may not relate to the individuals in this study. However, the essence and the integral purpose of movement therapy can remain similar for all populations if one considers the essence described in this study. That is to say, movement therapy can offer a place in which to respect an individual's body-self movements. There can be freedom to explore growth and purpose of movement, kinesthetic intelligence and creativity within the safe context of the therapeutic environment.

Future implications for research

The phenomenological methodology is important in movement therapy research and development. Recording the experiences of participants becomes a means to rigorously collect data beyond case studies or therapists' observations and conclusions. Researchers (Maletic, 1980; Moore and Yamamoto, 1988; Sheets-Johnstone, 1979) have discussed the difficulties of recording dance and describing experiences that are helpful to the understandings of physiognomic knowing. The aesthetic/intuitive dimension appears to be essential in dance-movement therapy experience, whereas the aesthetic/cultural dimension of dance has related more to the social norms of a particular period of time, often reflecting the spirit of the times. Dance therapy appears to lead the way for individuals to explore their individual evolution, which in turn can lead to an aesthetic change when it is performed through their own choreography and integrated into their social and cultural norms.

In the evolution of dance-movement therapy, there appears to be a concern that dance in therapy will be lost or undermined by body therapies and transpersonal therapies. This research incorporated movement and dance, which led the participants to experience some aspects of body therapies such as kinesiology exercises and miofacial soft tissue releases. Body therapy assisted the participants' awareness of body sensations in order to allow the participant to become move aware of the feelings of the body and the moving body.

The archetypal images from dance led naturally into symbolic concepts as part of the participants' personal experience. These aspects of the therapeutic experience did not take away from the dance components or the effort-shape experiences, but rather opened the participants to natural, enriching experiences.

The participants in this study appeared to go through experiences which could be categorized as primordial, cultural, and ego-self axis. Chodorow (1986, 1991), derives her way of working from years of experience, and this study appears to affirm the authenticity of her observations by paralleling some of the same observed structures.

In summary, further research into the direct, immediate experiences of the participants would most likely strengthen the rationale for a movement therapy approach, as this research highlights a new and *grounded* focus from which to establish a base of understanding. Most therapists inquiring into movement therapy would benefit from reading the first and higher order themes. When the reader looks at both the verbal and movement themes, they can see more clearly what is happening internally as well as externally. However, when they look at both in an integrated fashion, the reader can see more subtle expressions and changes that make sense to the whole picture. Since the body movements are a vital part of the communication due to their kinesthetic thinking, looking only at the verbal information misses the intertwining essence of the movement therapy. Looking at all themes helps to clarify what happens both externally and internally in terms of the clients' experience.

The methodology for this research created an openness for themes to arise unprescribed by the therapist. The descriptions kept the experiences close to the immediacy of the movements. The length of the study included sessions from the beginning to the end of the therapy. These descriptions allowed exploring participants' movements, moods, thoughts, body-selves, and personhood over time. This temporal component is important in understanding human unfolding. The stories in the appendices A and B allow the reader to get a sense of how the participants lived through this temporal microcosm. Due to length only a few of the sessions, at the beginning, middle and end were included in the Appendices. All sessions have been put into story form, although not included, as a way for the researcher to see the whole picture.

Within the time frame, participants felt certain pressures to face their body selves. The phenomenological approach shows respect for the journey taken by the participants and the therapist. This kind of approach to bodily experiences over time needs to be addressed by future research and compared to this particular study.

Reflections by the therapist / researcher

After completing this study, I reflected upon the costs and benefits, attempting to weigh whether the extensive use of time and the lengthy commitment put into this dissertation was efficient and worthwhile. Even though I experienced some loss about the amount of data which could not be directly included in the dissertation, I believe that having this data on the computer in a systematic way, and reviewed by myself and perhaps others in the future, makes the efforts put into detailed collection acceptable and necessary.

Reliability

In this research reliability is based upon verbal and nonverbal mundane information that comes from human perceptions and is perspectival and contextual in nature (Osborne, 1990). Osborne (1990) notes: "Although there may be several interpretive perspectives on the same phenomenon, sameness (reliability) can arise out of the inconsistency, variability and relativity of human perception" (p. 87). Binocular perspectives are recognized in the literature (Wertz, 1986). Although there may be diverse perspectives experiencing a phenomenon, a unified description can result from a shared phenomenon (Osborne, 1990). Moreover, phenomenological research converges upon meaning, not facts (Osborne, 1990). Kvale, (1983) has emphasized the value of reflected subjectivity that may be superior to technical facts.

Interpretation is probably the weakest link in the method leading to possible unreliability. There is no absolute interpretation. Interpretations can produce contradictory themes as well as coherent meanings. In this study, I argue for particular interpretations and attempt to show clearly support from the data, while leaving the final judgement to the reader. I leave a traceable journey for those who wish to follow it.

Detailed and recorded data, gives a rigorous documentation which increases the reliability of the study. Other researchers may not want to invest the time to put the information onto a Notebook program, but may instead gather protocols directly from the transcripts on the word processor. They may want to underline significant statements with magic markers. The advantage of putting meaningful unit statements from the transcripts onto Notebook, paraphrasing the statements, and deriving themes from these protocols is that the reader can later see what was understood from the original transcript by the researcher as it is typed under "paraphrase." In addition, the reader can review the transcripts, and see the first and higher order themes that relate directly to each protocol. In keeping with the phenomenological methodology, the researcher is able to establish reliability by keeping the analysis referential to the original experience and recorded statements from videos. The movement protocols were all numbered from the digital video recordings in order to be able to trace the original source.

Validity

There are four major ways in which validity of a phenomenological researcher's interpretations can be assessed (Osborne, 1990). I have carried out these four ways of establishing validity for this phenomenological study. These ways are through bracketing, through goodness of fit, through a juridical process of presenting coherent/convincing arguments, and by looking at the extent to which the structures presented resonate with the experiences of other people, not in the study, who have experienced the phenomenon (Shapiro, 1986). First, by bracketing her orientation to the phenomenon and carefully describing the procedure and data analysis, the researcher provides the reader with the opportunity to understand her interpretations of the data (Osborne, 1990). In the present study I have clearly stated my presuppositions in the methodology section, establishing the first criterion. Giorgi (1975) states that although the reader may disagree with the researcher's interpretation of the data, s/he is able to understand the journey to that interpretation.

Second, during collection and interpretation of the data the researcher can check interpretations for goodness of fit with the co-researchers. Dialogue between the co-researchers and researcher is a good way of checking the congruence of the researchers' interpretations with participants' accounts of their experiences. Osborne states: "Sometimes participants may reject a researcher's interpretations even though they may be valid. Such situations can result from participants' defensiveness (e.g., denial, transference, rationalization, etc). For this reason this second method of assessing validity is suggestive rather than definitive" (p. 87). There was extensive dialogue between the researcher and the participants throughout all phases of the research. During the collection and interpretation of the data the researcher can check interpretations for goodness of fit with the participants, as I did with Doris and Melanie. Dialogue between the co-researchers and researcher is an excellent means to inspecting the congruence of the researcher's interpretations with the participants' perceptions of their experiences. In this study the goodness of fit was not protested at the end of the research, although there were times within the experiences where M and D had different interpretations about what was going on. For example, on one occasion, M felt the therapist was criticizing her. Upon watching the video after the session, M, much to her surprise, clearly observed that she had projected this onto the therapist. Moreover, this discrepancy gave her the opportunity to work on her fear of criticism, her history of criticism, and how she responded to it. Both participants read and commented upon the dissertation when it was completed.

Third, the most crucial means of validating interpretations of phenomenological data is the juridical process of presenting coherent and convincing arguments (Osborne, 1990). Another means by which I have validated interpretations of the phenomenological data is by presenting intelligible, lucid and convincing arguments.

Fourth, the final check on the validity of the interpreted structure of the phenomena depends upon the extent to which that structure resonates with the experiences of other people, not in the study, who have experienced the phenomenon (Shapiro, 1986). The experience as reported in this dissertation did resonate with some other women who had been experienced depression and movement therapy.

In addition, validity was established by returning to the original protocols and themes on the notebook files, and checking whether the meanings in the higher order themes are relevant and true to the meaning inherent in the original data. The researcher was satisfied that validity was upheld.

Discussion of Study's Results Compared to Literature Reviewed

In this study, dance therapy payed attention to both verbal and nonverbal communication and endeavoured to understand it within a holistic framework, as was discussed in the literature review as central to the philosophy of movement therapy. Both participants and the therapist/ researcher expressed that the phenomenon of the movement therapy resonated with human values and respect for people. As indicated in the literature, dance therapy seeks to facilitate ways to experience wholeness and meaningful connections with one's own body and one's sense of self. This too was clearly demonstrated by the data collected from the participants' experiences. It was also indicated that a better understanding of how to meaningfully relate to others is an important part of dance/movement therapy. Both participants reported that they experienced felt-improvements in their relationships and functional activities. The literature also showed that movement experiences may be accompanied by visual images, bodily-felt sensations, and/or words, depending on the visual, kinesthetic and verbal abilities or preferences of the participants (Chodorow, 1991). All of theses sensory modalities were found demonstrated by the participants. By putting a lived-experience, which consists of movement and verbal thoughts, into images, feelings, or words, the participants accessed additional information available through other *sensory modes* or channels (visual, kinesthetic, proprioceptive, auditory and relational experiences), thus facilitating communication with and about direct experiences (Mindell, 1987).

A question to be asked at this point, is whether the American Dance Therapy Association's definition of dance/movement therapy fits the experience of the participants. The A.D.T.A. (1985) state that "the psychotherapeutic use of movement as a process which furthers the emotional and physical integration of the individual". Does this phenomenological research affirm these characteristics? The participants described many connections between their feelings (emotions) and their body-selves (physical) that assisted them in consolidating their sense of self, their presence when participating in relationships, and an expanded sense of appreciation of aesthetic and symbolic body-feelings and movements. I also questioned whether the A.D.T.A.'s other statement resonated with the descriptions of the participants. The brochure statement explained: "Thus, dance/movement therapy effects changes in feelings, cognition, physical functioning and behaviour. The dance/movement therapist focuses on movement behaviour as it emerges in the therapeutic relationship" (A.D.T.A., 1985). Upon review of the data, I concluded that this statement did indeed resonate with the experiences as described by the participants and the therapist.

Levy (1988) stated, "Dance therapy as a psychotherapeutic or healing tool, is rooted in the idea that the body and the mind are inseparable." In this research, there was a continuum of information from the body-knowing (physiognomic knowing) and the cognition (associated thoughts of the mind/spirit). For example, the moving body elicited kinesthetic knowing to the participants and this knowing in turn helped the participants register or gain a larger understanding than their linear thoughts were able to give them. Confirming their knowings through their body/mind/spirit experiences helped them feel more certain about their ability to trust themselves and their embodied selves.

The A.D.T.A. (1985) wrote, in its pamphlets given to the public to explain movement therapy, "expressive, communicative, and adaptive behaviours, are all considered." This research affirms these kinds of behaviours were important in the therapeutic experience as demonstrated through several examples in the mundane data. However this study also elaborates the kinds of expressive communicative and adaptive behaviours, as found in the first and second order themes. (For examples, see tables, 2 and 3, and appendices on first order verbal and non-verbal themes).

The A.D.T.A. (1985) also stated: "Body movement simultaneously provides the means of assessment and the mode of intervention." This investigation supports this concept. The therapist/researcher analyzed many movements which were assessed by the therapist partially for the purpose of intervention possibilities. Body movements observed by the therapist and the participants led them to new possibilities or ideas about how to proceed with the movements and thoughts which followed in a manner often connected to the body movements.

Moore and Yamamoto, (1988) stated that little research has clearly delineated the nature of movement experience from the participant's perspective. This research is a step in this direction, over and above the kind of data offered by case studies. As to the statement that research is needed that shows that there are advantages to the therapeutic process when movement is brought into the treatment. The data demonstrate many examples of how movement experiences supplemented the verbal dialogue, enhanced the flow of a process that seemed to be unfolding, and addressed the body/mind/spirit therapeutic issues, and addressed different body-oriented therapy concerns.

Suggestions in the literature indicated that it would be important to further our understanding of how movement is meaningful to the participants, both in their therapy and in their lives. In the present investigation the research looked at in detail at how the movement experiences were meaningful to the participants. Many themes illustrate how meaningful movements also influenced the world outside of therapy.

This study broke ground with regard to documenting detailed movement descriptions through an in-depth study which included the whole course of two individuals' therapy. This study recorded verbal and movement dialogues between the therapist and the participants during the movement therapy sessions, thereby making it possible to perform detailed verbal and movement analyses. I was unable to find any movement analyses of the participants in movement therapy over an extended period of time which used session by session record keeping, with or without the use of video-taping as a recording tool, as was used in this investigation. In the present research there were fifteen sessions for M and thirty-five sessions for D. There were no similar studies with sequential, dialogal-interviews between therapist and clients after sessions with or without the use the video playback as a tool to reflect upon experience. In these ways, this study is ground breaking and provocative as a useful research approach.

Review of the Elements of Dance Therapy as Perceived from the Present Phenomenological Research

Body Image. Does the present data support the concept of body image as stated by Schilder, (1950): "Body image can be defined as "the picture of our own body which we form in our mind...the way in which the body appears to ourselves" (p 11). The participants in this study had many ways in which they formulated their body images (Umwelten). During the movement therapy experiences where they were able to be animals or goddesses (Gadon, 1989), they experienced many bodily feelings which led to some new thoughts about how they saw themselves and the world. As stated in the literature review, more research needs to be conducted regarding how body image is manifested and addressed within the therapeutic context of movement therapy. While experiencing the co-existence with the participants, I observed and reflected upon what the participants did with their new body experiences. That is to say, after a experience that was new for them, in what ways did this experience permeate into their sense of who they were? Both participants reported that they did try on these new embodied feelings in their world contexts, for example, as an occupational therapy student on the job, or when interacting with a new boyfriend. The dance therapy experience helped introduce these new feelings, helped generalize them by reflecting upon them in possible future contexts, and then help support their enactment by being a place that the participants could report about feelings and consequences that followed the trying on of these new body feelings and body movements. At times the sessions acted as a place where the participants wanted to defend how they looked, or at other times, discuss their feelings about how they felt about their body-selves. This supports the idea that there can be many different intrapsychic representations of each person's body (Cumming, 1988). In order to allow for many possible body representations, "Umwelten," in various situations, I kept an open attitude about what I, as therapist, was experiencing from session to session. I wanted to create an atmosphere where the participants were able to be free to be. This concept fits well with the phenomenological approach and the movement psychotherapy approach, promoting Daseinsanalysis (analysis of Being in the world). With this attitude, promoting "Unwelten", the therapist is more likely to allow the client's multiple selves and body images, which in turn allow for "selves acceptance". Both the therapist and the participant experienced a sharing of the world ("Mitwelt").

Self. The data described in this study did support much of the research being carried out in the area of self. The higher order theme of self had several subcategories as described in the result section. All of these add insight into how an individual develops and enacts the selves in the world.

Dance. (Sheets-Johnstone, 1979) began the phenomenological explorations of dance, where as this study expanded the phenomenological approach to movement therapy. Some previous research had use descriptions, but there is a lack of studies which give data reporting from the participants perspective, supplemented with the movement analysis. The present research expands the dance research field in terms of how dance is therapeutic.

Movement Analysis. Movement analysis added a great deal to the whole picture of what the therapy was about and how the participants experienced the therapy. The English language alone does not always provide enough quality words to express the movements. The present study supports research in movement analysis by its use of effort\shape language and by its practical implications for the therapeutic use of movement analysis in therapy as well as in movement therapy.

Extent Results Validate Previous Studies

This research supports much of the literature reviewed. It also follows up on the recommendations made by several of the previous researchers in the field. For example, Chodorow (1991) began to describe the participants' experiences and encouraged others to do the same. Christup (1978) sought to find new ways to study movement therapy which could more directly address movement and psychological change, especially with regards to body image. It is my assessment that this study provide an excellent way to study movement phenomena for the purpose of observing what happens to body image. Davis (1981) began to describe movements of psychiatric patients, but wanted to expand the use of movement descriptives into therapeutic use and into the fields of psychology and psychiatry (Davis, 1986,1992). This study expands the use of effort/shape analyses to a descriptive, empirical study. (All empirical inquiry being referenced in qualities (Eisner, 1991), such as those qualities of movement described in this research. Empirical does not mean statistically-based or experimental only.) Moore and Yamamoto (1988) also recommended further dance therapy studies which established validity and reliability, as well as explored more areas of dance therapy. The present study has accomplished these areas through a phenomenological study that adheres to principles that I have explained regarding validity and reliability. The descriptives are unusual in their thoroughness. Although movement therapy has been applied to depressed women and eating disorders, this study offers much more feedback from the participants than is found in the literature. The results from the present study would support and supplement the work of many dance therapists who wrote either articles or books: Bernstein, (1984a); Chodorow, (1986, 1991); Cohen, (1983); Dosamantes-Alperson, (1981); Raskin (1983); Salkin, (1973) and Siegel, (1984). More phenomenological studies of the empirical type presented in this research need to be conducted. (Note, that in some circles, phenomenology is loosely used to mean almost any descriptive study.) Psychological studies that use an empirically-based, phenomenological approach adhere to their rigorous details and emphasize a human science approach.

Raskin's study addressed body image and found significant differences between the pre-post results, favourable for increased self-esteem and lowering of depression by the use of group-based movement therapy for bulimic clients. In this study the results support an increase in accepting feelings towards their bodies and an increased appreciation of their movements and how they learn from their movements, psychologically. For example, more body confidence and movement exploration led to more creative choreography for M. Both participants felt much better about themselves within the context of their lived-worlds. They were able to assert themselves, move in ways that exuded the message that they like themselves, and in general, have more choice about how they wanted to be in their lived-worlds.

Wooley and Kearney-Cooke (1986) showed improved acceptance of body parts through experimental data collected. Participants in the present study also described more acceptance of their body parts, especially those that they had previously associated with fear, injury or cultural disapproval.

The present study supports and advances previous studies that shows documented observations indicating that dance can have therapeutic value (Bainbridge, 1953; Bender & Boas, 1941; Chace, 1953, 1954; Genther, 1954; Greenwood, 1942; Rosen, 1954).

Effort/shape observations have shown themselves to be useful in assisting therapeutic change when the therapist and/or the participants connect the movements of their effort/shape analyses with their psychological significance to the participants. This investigation found that the languaging of movements to both effort/shape and everyday English descriptions, facilitated the comprehension of what was occurring and allowed discussion and reflection upon the meaning of the movements to the participants and the therapist. This not only facilitated the therapy, but became a languaging for the therapy. Language and non-verbal meanings helped increase the ease with which there was an exchange of ideas concerning movement.

In the literature reviewed, Meyer's article was critiqued. I suggested that presuppositions could facilitate a way to address preconceptions of which the therapist was unaware. Preconceptions have potential relevance to the therapy and can be reflected upon before the therapy and the research begin through the use of declared presuppositions. By carrying forth this humanistic strategy, the researcher does not have to pretend that there are no preconceptions.

In 1984, Siegel noted that psychoanalytic theory queried whether the movements of the body might be fixated upon if one addressed them directly, such as in movement therapy. In the therapy with Doris and Melanie, they could be said to already have certain body fixations of which they were not fully aware. They maintained their own repetitive rituals that did not promote their health and well being, (e. g. food habits, excessive exercise). As they explored their movements, their tensions, their injuries, they learned what these movement habits could be teaching them. They felt-saw in a new way. For example, when M learned to breath into her pain and not to fear the pain itself, but to image it and to hear what it had to say, then she was able to gain insight and wisdom from her own body movements, even the painful patterns and injuries. There were many examples that supported the addressing of the movement patterns directly and metaphorically (in language).

Does This study Do What It Intended?

The intention of this study was to probe into certain questions through a phenomenological approach: a) how were the movements or dances meaningful to the overall therapy? b) how was dance/movement experienced therapeutically within the context of dance therapy?

In terms of the first question, at times the participants' movements led the way to the therapeutic focus, which was to address their depressions while using movement therapy. For example, when the participant gravitated to using a particular prop in a particular context, such as giving her weight into the big ball, then issues of support/shaping/feelings of belonging and nurturing were presented (facilitated), while at the same time, the opposite feelings (i.e. lack of support, etc.) were reflected upon by the participant. Another example, is where M's dance of "greedy politicians" led her to look at her need for power, and her desire to have it without being the glutton, as she might have displayed it in her bulimic behaviour of the past. M was able to look further into herself in ways that allowed her body to then explore how she wanted to feel her own power, centred and grounded. These examples and many others have led me to the conclusion that movement and dance were meaningful to the overall therapy. The depressed feelings that both participants expressed at the beginning of therapy were shifted by their experiences that reframed their ways of knowing through their body-selves.

The second question, How or in what specific ways was dance/movement experienced as therapy in the dance/movement therapy context? In the lived-action of dancing or moving in the dance/movement therapy sessions, the participants were able to explore their felt-experiences, their creative images, and their thoughts associated with their dances. They expanded their awareness of how they were as people through creating new experiences (creating new life scripts or repertoires from which to draw upon). They increased their awareness of how they moved and what their reflections told them about themselves. In this sense they were their own interpreters in much of the therapy.

One example of how the movements were therapeutic occurred when M did her authentic movement (with no music) and talked as she slowly reflected on her experience. She kept an internal focus and described her movements as she felt them evolve through her body. The act of listening to her body, not only felt organically correct, the words came from a body-knowing that expanded her awareness of her inner space and her healing possibilities.

Another example of movements felt to be therapeutic came when Doris experienced herself doing some ballet positions. She like the feel of the movements to her body and the challenge to learn. Moreover, she was able to reflect back into her childhood about feelings of deprivation. She not only felt deprived of dance lessons, she felt deprived of any lessons, clubs, and organizations. She was able to acknowledge anger at her mother and begin to let these feelings go. She could treat herself better. She explored her own desire to take care of herself and bring more enriching experiences into her life, not only dance, but other thoughts generalized to other possibilities. Her movement experience served as a catalyst to resolve past resentments and losses while she began to plan her future.

Another examples that showed how dance was experienced as therapeutic was when M embodied her derrick and mudslide dream or when D role played her dream about the swollen cheek and her abusing step-father. By moving into these dreams and role plays, new insights and bodily-felt experiences gave the participants new perceptions of themselves and others.

There were many ways in which dance/movement were therapeutic in the framework allowed by dance/movement therapy. The first order and higher order themes describe many ways in which the participants found dance and movement helpful in their dance therapy experiences.

Conclusion

In summary, two participants were adequate to obtain the information sought in the original questions. Although the two participants were depressed at the beginning of the therapy, both felt they benefited from their experiences and learned to reframe how to move through their feelings and appreciate their bodies as friends. They both felt healthier in their mind/body/spirit connections. Verbal data alone would have missed many of the nuances of communications within the bodily expressions and movement experiences. Living the felt-dances brought creativity, feelings, new thoughts, imaginative images, aesthetic experiences and bodily expression. Talking about the movement experiences and the bodily-felt senses enriched the participants' appreciation of their own healing. The experiences of moving with the therapist were also special connections, mirrorings, and feelings. The participants learned to experience a wider range of movements within meaningful contexts of their lives: role playing these experiences, dancing these possibilities, and exploring through touch or movement exercises. Overall, the therapist/researcher and the participants concluded that the dance/movement therapy experiences added much to their therapy. Many of these experiences were accessed through movement and touch, which verbal therapy alone could not achieve.

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APPENDIX A

M's Story

M's Story as Taken from her Experiences

[Meta comments by the writer will be inserted in square brackets, highlighting a few of the therapeutic issues or concerns as they are discussed by the participant and the therapist. The following story unfolds in the first person, as if told by the participant, although it has been written by the researcher as derived from the transcripts of sessions and interviews with the participant, M. Movement terms that are part of the effort-shape language will be used, marked by italics, and explained in the glossary of the appendices. Also, the numbers (for example, 010021) refer to the video-tape reference numbers. These numbers immediately proceed the described movements for that specific section.]

Initial Introduction/Perception of Problems. (M speaking) My name is M. I am a dance teacher. I want therapy because I have trouble handling my feelings about the loss of a relationship with an ex-boyfriend, and I have self-doubt about myself as a professional. Although I have stopped being bulimic, I still feel guilty about past bingeing and vomiting.

Initial Session. (M speaking) I am about to enter movement therapy with a dance/movement therapist and researcher, named Jo Ann Hammond-Meiers. Jo Ann asked me to be a collaborator in a research project for her dissertation. I do not really understand what we will be doing in the therapy, but I am excited about what I might experience. I have been getting some negative comments, from people who know me, regarding the way I handle relationships, and these disturbing experiences have led me to consider therapy. Moreover, I feel traumatized because my major funding source turned down my latest grant application.

I feel ready and excited about working in dance/movement therapy. I wonder if we will explore Greek dancing in dance therapy or if we will judge my dancing. I let these thoughts quickly pass out of my mind. I want to try to be open for new experiences. I am interested in knowing what Jo Ann does in her work. I am recently experiencing myself, in the classes I teach, as a combination guidance counsellor and teacher. I am also striving for more spiritual growth.

I am very concerned that my body has experienced a number of injuries over the course of my career as a dancer. I started dance late and I had poor instructions on how to dance so my body is suffering now. I am worried that perhaps I will eventually hurt myself so much that I will not be able to dance. I worry about getting older and maybe my body cannot take as much abuse from me.

[Meta comment: Injury, healing, and their meaning to M are areas explored in therapy. M focuses on fear of injuries which might eventually stop her from dancing. The issue of either pushing her body in physical activity that could lead to an abuse of her body, or taking better care of her body, is also a conflict for M. M is facing what it means to age in her movements, body, and self.]

(M speaking) I am also aware that although I have stopped being bulimic, I suspect I have not yet dealt effectively with many emotional issues around this behaviour. Recently, I have become afraid of the AIDS virus in the dance community. I already know some people who have died and I am wondering about losing other friends or acquaintances.

[Meta comment: M is aware that there are unresolved emotions which still affect her because of her bulimic behaviour of her past. Facing death is another issue for therapy.]

(M speaking) I enter this experience as a collaborator in research. If a book is published I hope to get some money for my involvement, since I need the money. Jo Ann tells me that this research is for a dissertation and that it is unlikely that any money will be made from the dissertation. I am aware that the anticipated therapy experience makes me feel a little apprehensive, yet I am eager. I consent to participate in a warm-up, which then evolves into an improvizational/creative dance in this, my first, session.

[Meta comment: M and I have our initial exchanges while sitting on chairs in a dance studio, prior to a warm-up, and then a dance. M and I are having thoughtful verbal and non-verbal exchanges between us. While we sit in the chairs and then during the warm-up, which follows, I begin to sense what M is bringing with her to this session and how I might proceed with a movement/dance agenda, as well as a talking agenda, if that is possible. I do not want to push an agenda on M, but I am very aware of wanting to be sensitive to what M might need to express about herself. In the warm-up, following our initial talk, I am interested in going beyond the everyday-gestures of an initial conversation, while at the same time getting a kinesthetic sense of how M moves.]

Movement Observation 010012 (Written by the researcher as if to approach a view from M's eyes, using the dialogal interviews for clarity of movement meanings): In the beginning Jo Ann and I sit in chairs facing each other. My feet are tucked under my chair, with ball-of-the-foot contact, my right hand is on my right thigh, my back is very straight against the back of the chair. I am uncomfortable, but I do not tell this to Jo Ann until later. Jo Ann mirrors my arm position. Her feet are flat on the floor and her torso leans toward me.

010021 While sitting, Jo Ann gestures in a wave-like fashion with her right hand and arm, then with her left, while talking, as I sit with my hands on my left knee, holding it slightly back. I have my left foot solidly on the ground while the ball of my right foot touches the floor. I briefly put my right foot flat and then raise it again to the toe. Jo Ann leans back, then starts to gesture to herself, and then to me and again to herself. Jo Ann's hands are going together to the left and then to the right of her chest-midline. I nod my head in an up and down manner while Jo Ann talks and then I talk. Jo Ann responds with leaning forward with her torso a little, and with right and left movements of her torso. Then I lean forward with my torso. We smile.

[Meta comment: This next section is the transition from sitting to moving. I ask M whether she has a preference on how to warm-up. M is willing to let me lead the warm-up.]

Movement Observation 010541 (Written as if to approach a view from M's eyes): Jo Ann stands and so do I. I nod while we move the chairs to wall. Jo Ann talks and moves towards me and then a little back. [Meta comment: We enter the warm-up section. The following is a movement description of the warm-up and dance that followed from this point.]

Movement Observation (Written as if to approach a view from M's eyes): Jo Ann and I stand across from each other with feet about a foot and a half apart. Jo Ann is still talking and then begins to move hands and arms in an outward and around movement that is carving in space, has alterations of tension, and has a gentle manner that in movement terms could be described as a movement with *shaping*. The movement qualities are *free* to *bound, light* movements. Jo Ann's movements are more *quick* than mine. I do some movements that are very similar, but not identical with Jo Ann's. Jo Ann has arm gestures that expand higher and to the side. I circle my arms with less expansive movement, and tentatively; I am not yet "into it", not yet being moved, but moving. I place my arms, rather than have them flow through space in a free motion. Overall, my motions are *sustained*. I have careful, sinuous wrist movements to manipulate my hands. We have eye contact throughout. Sometimes we meet with our hands in synchrony, and sometimes we do not. My wrist and hand movements are more angled, more held (*bound-flow*) than Jo Ann's.

[Meta comment: In this part, M demonstrates not much shaping of space. Generally, the movements are peripheral movements. This contrasts to some of M's later movements in the dance itself which follows.]

Jo Ann begins a leg movement and I follow the leg movement. I lift one leg, then another. Jo Ann lifts, opens, and lowers her arms, with much turning of her hands and some trunk and lower leg bending forward, backward, to the side. My movements are with slow-motion (*sustained*), using linear direction in space (*indirect* or *direct*) and sometimes into *lightness* or *passive* giving into weight in the upper body, and a wide stance in my lower body.

[Meta comment: Before M and I move towards the ground, M is still for some time, and then begins to her move lower arms, whereas I am more into breathing movements in my torso (*shape-flow*). I stand a little distance away from M.]

I go into a thin *horizontal* movement. I begin an undulation of my spine and then I lift my arms at the elbows. I brush my hands, like paint brushes, moving my fingers and I push up with right arm forward, while the left is bent, but goes straight. My right leg is tucked under me and my left is out stretched to the side. My head moves in a jerky motion and my hands flap along the floor. Jo Ann does the same. There are finger movements on both of our parts. One finger almost touches and then touches. I lift my left arm and Jo Ann does the same movement by mirroring. Jo Ann moves into a curled position, we play with our fingers, and then we move, so we are on our backs, with our feet up in the air. Jo Ann and I meet, each with one foot together, then meet with two feet. Jo Ann holds my hands, lets go of my left hand and keeps holding my right hand. We sit up, meet with the other hand as Jo Ann mirrors me. I lead with my right-hand, palm flat, and I begin a circling movement with my hand around my head. I bring my hands to my head. My feet have been slightly lifted and are now on the floor.

Jo Ann reaches to touch my left foot with her right hand and moves to sit beside me, looking at my movements. My hands are to my side, then I cup them in the centre, I reach up and put my right hand in front to my forehead. I lean over and Jo Ann holds my head. I reach back with my right arm, and have my left arm move in a *bound*, *sustained* manner to my right foot. I reach up to touch Jo Ann as our two heads come together. Then our two heads meet and push together. We turn, tilt our heads back, look up, with our left arms high, locked at our wrists. Our shoulders curl and our heads lean back again. Jo Ann's leg is outstretched and I face forward with legs bent and the head back. My right arm is up until it twists around, shaping my torso. We start a movement upwards. Suddenly we move quickly, walking in a circle until we are twisted. Jo Ann leans back while I let my right arm dangle. Jo Ann reels up with her right side, walks around and looks at me. Both of us are very still, while linked hand to hand. Our other outside arms move around, then down and around and we stand solidly with two feet flat on the ground. We start to lean out, away from each other. I have my head *horizontal* and Jo Ann's head is almost *horizontal*. We both raise up on our toes while our outside arms are high, bent at the elbows, then bent at our wrists. Our hands almost touch while our fingers wave. Then, the hands that are not connected, almost touch, but do not, yet there is a connection. Jo Ann cradles my hand and wrists, brings my hand up and I let her. Our hands remain up in the air and our heads are looking down. Then our hands and arms come slowly down. Our other hands begin to disconnect in a *sustained*, struggling manner. There is a connection even as we back away from each other, through direct, sustained, light movement. Our hands mirror each other until Jo Ann pushes quickly on an invisible object. I take the invisible substance in my right hand, and I open my mouth, leaning far back while on my knees with my arms moving up and around.

Jo Ann is going around me, and gathering with her arms, as I move in the centre of a circle, turning slowly on my buttocks. My arms and legs come to a folded position. Jo Ann is folded too. I have my arm overhead, then I hold myself in a completely folded position around my legs, with my arms crossed at the elbows. I look at Jo Ann from the right side.

Jo Ann approaches on the floor. There are a few seconds of stillness, with Jo Ann leaning towards me talking, while I sit on the floor and spread open my left leg. Then I bend my right leg. We both move closer to the microphone. I sit with my legs far apart and Jo Ann sits with legs crossed. My arms curve with the palms of my hands turned up and resting on my legs. We are talking and I gesture with my right hand to myself, and I have a slight diagonal movement of the head. Jo Ann nods "yes." Jo Ann leans on her hands and nods frequently, while I have my hands together, resting on the floor. I have my hands on my thighs and I listen. My left hand is outstretched, placed on my left leg, my thumb and fingers spread. I lift from my elbows, with my arms and hands, as I talk. Jo Ann makes small movements with her right hand, as if writing. Jo Ann leans back in a curled position.

Jo Ann talks to me. I look at Jo Ann with my hand in the lifted position. Jo Ann mirrors this same movement, by making a similar gesture into a pose, then expands it to a movement made earlier in the dance improvization. We laugh simultaneously. I put my hands flat on the floor, and then with my arms and hands I make a cup. My hands have spread fingers. I feel that this gesture holds meaning that I have not yet put to words.

I have my right hand to my mouth, my left hand is turned up and open, in a strong position on my knee. I smile. Jo Ann talks while her right hand does many up and down movement with light, delicate gestures. I point my finger to the ground and I do a gathering gesture with my left hand. Then I do a bound and contained gesture, and I think that I am wiping the invisible slate. I hold my right hand on my right hip while looking at and listening to Jo Ann, who makes hand gestures. I let my left hand go limp at the wrist, while I listen to Jo Ann. Then I respond, pointing to myself and shaking "no" with my head. Jo Ann has her right leg open and bent. I have my left arm on my left leg with my right hand gesturing. Jo Ann and I make full body shifts. Both of our heads nod "yes," simultaneously. I look at Jo Ann and I have my left leg bent, the right one open and bent. Jo Ann has her right arm lifted and is gesturing with her hands.

We are engaged in a conversation at this point, Jo Ann gestures with her right hand, then involves her whole body, and then I do the same. Jo Ann talks for a long time, while I give "yes" nods with my head, and smile. We both talk briefly, Jo Ann looks toward the camera and the session ends.

[Meta comment: This completes the movement descriptions from the session, given in the first person for M. The story continues from the interview dialogues.]

This is my first session. Jo Ann begins the session by having us sit-down in chairs, in the big studio where I work. I feel uncomfortable and awkward sitting in a chair, but I do not say anything to Jo Ann yet. I will later. I am excited and feel Jo Ann has come along at a good time in my life.

Jo Ann appears somewhat hesitant in her movements, as if she is a little nervous herself. Whereas, I look her directly in the eyes and wait expectantly for her to tell me what to do. Jo Ann suggests that we begin a warmup. This is part of my dance world and I know what she is talking about. Jo Ann states that a warm-up is a way to get started. I was already in a dance class just prior to this session, but I need to make the transition in emotion and thought to the present session, so I was eager to go along with Jo Ann's suggestion. Jo Ann stands across from me about two meters. We stand looking at each other and begin to move. I follow her hand and arm movements at first, and I experience this as relaxing. Then, I follow her leg movements. We begin to move in different ways and spontaneously a dance occurs -- making it as we go (improvization). I think that I am still following Jo Ann, although we are no longer doing the same thing.

During this dance, I experience myself as a sea turtle, feeling very old and deformed. I am on the floor and I draw myself in tightly, by bringing my arms to my sides and my legs together. I undulate my spine, including my head and neck, five times. These are rather large undulations that appear and feel wave-like. At the last undulation, I bring my hands up, under my shoulders, but I do not touch the floor. My head is touching the floor and being supported by my forehead. I swing my hands and lower arms forward, then backward, from a position where my elbows are high. My fingertips slide along the floor above my head until my arms rest on the floor. I quiver my fingers, but it feels like my fingers are quivering on their own. Throughout all of this, I know that I am my body and that I am moving, but it feels like my body has the same organicity and movements of a sea turtle. My movements arise from this source and not from my own thoughts or ideas telling my body what to do.

I am aware that Jo Ann is in the periphery of my vision sometimes. My hand movement is one of fingers moving on the floor, and suddenly I am met by a near hand doing the same thing as me. This approaching hand belongs to Jo Ann. The interaction stimulates my curiosity and I begin to associate my movements as if I were a bug in a mating dance. I wonder about this other bug that I meet. I begin to check out this bug. I begin to show off, get a little closer, test to see if the other one will bite. I check if it is male or female, friendly, or whatever.

I am aware that I am on my feet, but almost oblivious to touching Jo Ann's hand with mine, since I am dancing in a non-touching way, with my other hand close to Jo Ann's. When our hands are close together, I feel the electrical aura, the heat, as a powerful experience.

M's Video Reflection: When I look at the video, I reflect that I experience more intimacy in the non-touch than the touch. I tell Jo Ann: "It's interesting, that there is a power, and it's like between you, and it's like you're sharing and creating an energy which is like a third party, almost." I think to myself and share with Jo Ann that we have lost much of that power in our society. I think this power is very infinite, a natural force and harmony. In this force, everything is tuned together in the body, like an electrical current, my mind and emotions are together. I, and others, do not connect very often with this force, in the way we did in this dance. I experience the near-connection without touch as taking me out of time, and sending me out into the universe. I think to myself, that I think that men can experience this power, but are often afraid of it, especially at this point in history/culture. I think more women generate this force or power than men, because of our emotional, psychological selves.

As Jo Ann and I continue to move together, at one point, Jo Ann holds my head with her hands. I experience this as lightness and the support surprises me. I was not expecting or wanting this support to my head, but I felt it deeply. This sense of support touched me as a powerful healing, that I rarely experience.

Later, I experience Jo Ann and I dancing in a village folk dance. It feels like we are doing universal folk. This dance continues between us until I experience one arm being very relaxed, and the other arm being given structurally supported by another body. I feel a contrast in tension. Our dance continues until a ritual occurs, where I give an offering to the earth. Giving this offering feels strong and supportive. The ritual begins as if the sun was starting to rise upward and the energy works its natural forces to create.

(Video Reflection) I reflect that the session, at this point is oriented more towards slower, natural cycles than to urban, psychological friction. Later in the session, I experience myself having a song, where I sense being very strong and expansive. The expansion is over a long distance, even though Jo Ann and I are not far apart physically. Compared to how we had been, it feels like being across an ocean or great expanse --sending a message. It is like talking across a long distance, or sending long messages while one's thinking is slowed. Suddenly, I feel I cannot sing, that I am clogged like a traffic jam. I send out a sound wave with my voice, which in reality is not audible, only in my head.

[Meta comment: M begins with a sense of excitement about what could possibly happen in her movement therapy sessions. Although she indicates that she has an open attitude towards whatever might happen, she also has some preconceptions since she compares the movement therapy sessions to dance experiences in her past, such as Greek dancing, or to someone judging her dancing. She states that she experienced a series of traumas and needed therapy, although she did not actively seek it out. M told me later that she experienced verbal psychotherapy twice in her past. I begin the sessions with a general description of movement therapy, but leave many possibilities how the actual sessions will unfold. M meets this information with enthusiasm.

I initiate a verbal introduction and then a movement warm-up. In the interview, M notes that she usually does a warm-up with her hands and feet, for relaxation. In the warm-up I initiate, she experiences a sense of "weight," but says that usually she does not do this kind of warm-up.

Movement Description, Dance Number One: Pas De Deux. Both M and I move together in this warm-up, which leads into a dance called "Pas De Deux" (dance for two). Initially, M thought this dance was more me, than her, but I experienced the warm-up as initially led by me, then I followed M's non-verbal leads in the dance. The dance continues with me participating with either close or far movement interactions, or by positioning myself near or far to watch. I suggest to M that the dance becomes one in which the two of us participate. Therefore we both influence and co-constitute the dance. M agrees. I reflect that this is an inspiring start to the collaboration in research together. The initial dance introduces several kinetic images that M describes to me in the interview that follows. By kinetic images, I mean that the visual images come from the movement forms taken by the body, and experienced by M during the dance itself.

Image Number I: "Sea Turtle." I experience myself becoming a sea turtle, very old and deformed. I am comfortable doing this. It feels natural, and I believe that my experience springs from my whole self not simply from cognitive processes. I trust the experience, itself, to be my teacher. My dance is highly attuned to an unfolding process in my movement. I become aware of the importance of the old and deformed image. I ask myself how I relate to this image, but I do not allow myself to dwell on this too much.

Image Number II: "The Mating Dance." I experience myself as a bug in a mating dance. I experience it as showing off, getting slightly closer, testing out to see if the other bug will bite, and checking if it is male or female. I am curious about Jo Ann in the safety of this movement.

Image Number III: "No-touch Verses Touch." In the no-touch experience, our hands are very close together. This has power for me and holds my attention. Meanwhile we each hold our other hand, but I am barely attending to this contact. The no-touch becomes intimate. I think of this as similar to a picture where the negative space makes the point, especially if the viewer's attention is drawn magnetically to this space. That is, the picture pulls the viewer toward an alternate perception. Similarly, the no-touch movement pulls the dancer into an awareness of energy flow. A feeling of this energy flow comes from between the hands in the no-touch-movement. This feeling has the impact to produce a sense of life meaning. This sense of life meaning is greater than the no-touch experience itself and emerges from the self within the body-felt experience.

[Meta comment: In the interview, M describes the experience of no-touch as a very powerful image. She felt an "electrical aura, the heat." The emotional closeness of the no-touch focus felt more intimate than touch. She thought that it was "like sharing and creating an energy that becomes like a third party, almost."

Reflection of the no-touch experience as described in the interview: M reflects upon the experience and talks about how this is meaningful to her. M associates this experience to a loss of closeness during altered-state experiences in our society. M believes the energy experience in the no-touch/near-touch focus to be an infinite, natural force and harmony, a felt-experience of oneness, but at the same time, the experience of "a third party". Also important to M's conceptual framework, is a belief that with this force everything can be attuned or harmonized in the body.

With regard to men versus women in the matter of "no-touch" power, M believes that men can experience this power, but more men than women are afraid of it at this point in history/culture. Unmistakable in this section, is that perhaps men in M's intimate relationships lack something in area of inspiration/spiritual closeness that she wishes they could give her and she could give herself. M connects the idea that women generate this force/power with their emotional and psychological selves.

M starts out by listening to me describe what it means to participate in movement therapy. M finds movement relaxing. She thinks it is a pity that there are not more people working with movement. She believes that society has been trained to ignore movement. Her art form consists of movement, and she thinks she would have gone off the "deep end" if she had not had dance in her life. Her creative self provides her with an awareness that is controversial or seemingly unreal because many of her lived-world experiences are juxtaposed. M questions herself by contrasting her dance-world creativity with her relationship-world. She does not feel successful in relationships. M introduces an old relationship by saying: "finding out after a four or five year relationship that you do not know the other person and you have both been pretending is quite a shock." M reflects upon the idea that she may have to look into herself and her illusions if she is to stop pretending in her relationships.

M notices that she is not thinking ahead, while moving, and the words come to her after her movements, if they come at all. She noticed that it was the shape of her body bringing forth feelings. There was a sense of being vulnerable from it. She talked about what movements felt like -- "rain, sunrise, sunset, larger, circular." Sometimes it is difficult to find words to describe her moves. M talks about dancing a feminine interaction with Jo Ann. M concentrated on just doing the movement because she knew they would talk about it later. As M talked about the experience, she had a sense of reliving the experiences, that she thought, amplified them. M thought that it was important not to have deep, honest, conversation without the movement first.

M wants to keep her sense of identity and not lose it to the dance music; that is, letting the music get incorporated without being true to herself. M emphasized a sense of discipline, -- only discipline gives you freedom. M thinks that her reality is superficial to most people, and adds that an artist's job is to share possibilities. M remembers the danced images from the video. At the end of the dance, there was a sense of testing the rightness of the final movements, and there was a sense of the end as a beginning.

M talked about finding support when not expecting it, and being comfortable with it. She indirectly related this to the child in herself when she said, "children should have more experience with a secure atmosphere." She thought that society is afraid of boredom or a slower pace of life; and she felt lucky being in her field because there were opportunities to explore the sensitivity of other cultures and times. She thought that she had a feeling in part of the dance, as like a village/universal folk dance. She thought that the dance movements felt like a ritual, with slow and natural cycles. She expressed a desire to see the videos in the future, which we will do as we go along. She had a sense of strength in the end and a rightness about the ending, which she likened to a beginning.

Third Session. I talk with Jo Ann about my teaching and then I talk about a certain person who is choreographing for my students and myself. I am concerned that the choreography is going slow and I am scared and not happy about the slowness. I tell Jo Ann about the hectic life coming out in my body, using my body as an object to do art. I am working a lot; body/mind-wise, but not doing as much business.

I have to watch it when I do a lot with my body. I notice that my breath catches when my body says it is time to do meditation and relieve the stress. I am taking Aikido and enjoying it as a healer. I am fascinated by it and am learning from it. I talked about not being able to think of anything today, but last week's session being powerful, bringing back what I had buried. Sometimes I think that I just have to go on and not always drag out sensitive areas. Feelings and thoughts sometimes surprise and confront me.

While watching and discussing the video, I am remembering how it was to experience this session. I do not think of walking as ritual, as expressed by Jo Ann. I feel more comfortable walking as I talk. Today I feel free to make comments about the last session. I am analyzing myself as an active person, rather than a contemplative person. I am blocking painful things with activity. I had lots of feelings about missing my class that I was supposed to teach. I find these feelings of guilt interesting and I wonder why I felt that way. I think that I had disproportionate feelings about missing the class and I feel like a failure. I had been talking about being a failure earlier and wonder whether thinking "failure" perhaps made me create a failure. I am feeling that I will be seen as irresponsible towards my teaching, but I fight this thought and the feeling that goes with it.

I am fighting time and schedules. Time is no motivator for me. I think that I am losing the fight with time because of overestimating physical capabilities. I am disappointed over not achieving more/failing/wanting more. I contemplate a new idea, that perhaps failure is not negative and perhaps at times, it would be an excellent idea to fail, and that failure is a familiar place. I agree to use failure as a polarity in a dance and I discover in the dance, that pushing up under a weight that I experience as "on" me, is the only way that I could break through my anger.

In the dance, my movements bring anger and strength. I reflect that anger is a positive element when used in correct perspective. By turning anger into a serpent, I am able to handle failure. I see failure as self-defeating: weakness. A sense of failure causes me to prove things, until I'm over my limit of endurance. Artists always have to prove themselves to culture/society. I have to keep trying to make it better because it's my living. I can't rest on my laurels. There is no emotional expression in our culture. For me, physical education does not touch the same emotions as art/music/dance.

I want my idea of success to be understood. I feel that I'm pulled between my own and the world's idea of it. It's hard for me to put emotions into words. I'm not interested in success, as in security. I'm interested in success as in finding balance, both spiritually/physically.

I have a hollow feeling inside of me. I think about what it lets me do. This vulnerability, I feel I have to have it. I have a problem equating spiritual vulnerability with physical vulnerability. There is a division of having to do things and trying not to, and keeping this in balance. I have to recognize my limitations and stretch within those areas that I'm not clear on. I have to keep establishing success for myself. Mediocrity is accepted because of different tastes. I have to rely on my insides to tell me success. The hurt about my vulnerability may have a history that I don't see right now.

I work hard on the "shoulds" that are in my life. I have images in my mind about what I'm willing to do -- more "shoulds." I'm more comfortable taking care of, than being taken care of, of relying on myself, not a man. I don't fit with men. I feel that my soul/spirit must be in my relationship with a man. I have to recognize/allow myself to be vulnerable, to have give or take interactions, in spite of job demands.

I have a fear of physical injury. My physical injury is psychological, I'm in an injury cycle now, I have to think about how to prevent it. There is a form and manner that Aikido teaches. The injury cycle (timebomb) starts with fear of failure, fear of no success. Then my body parts are affected. I have to learn how to diffuse it.

Lots of my friends are dying of Aids. I don't understand why. I have a sadness and fear of it. AIDS is part of imbalance of the earth. I feel anger against the world.

Eleventh Session, March 17, 88. I am covering up my anger and my fear, in order to not to deal with them, but my body parts show my anger. I talk about spiritual order, death, fright, not finding enlightenment on earth, heaven/hell/spirits wandering the earth/other realms to earth.

Money is a problem. The inheritance from my father is another problem -- wanting to benefit and not be under his authority. My father was not accepting my ex and making an issue of the inheritance, because I am his only daughter.

My parents are being supportive. My father wants me to invest like him, but I want to invest in people or issues. The inheritance/money is affecting me. I want it to give me confidence and take away anxiety. My body hurts as I am talking about being rejected by my granting source.

[Meta comment: This comment about her "granting source, also seems related to her father's inheritance.]

I also resent the way my father has his way, but I am putting away resentment because I don't like arguing with my parents. My anger increased since Christmas; I may not have energy to argue with father. I have respect for his decisions; I won't be able to face dad with anger when he's dead. I will be dealing with relatives/banks after his death, and this will be difficult.

I see parents as happy, but with not long to live. I feel that I have to deal with it after they go. I may talk to him about the money at the end of summer. I am surprised at my pain or flashes of pain. I am going on a retreat in the spring -- the fasting is not appealing to me, as I'm controlling my eating.

My father is repressing pain, not talking about some issues. I am doing the same as my father, until my fear makes me admit it. I am learning from my body symptoms. My father does not resent the life that he chose. I recognize how my back feels -- pain triggering fear. I am preferring work because work gives me pleasure, but I can't work when it hurts. I have to change the hurting.

I am stopping my expectations of my technical ideals: rejecting them, for myself, as not important. I had back pain on the previous Sunday and was scared to move. I was teaching, not dealing with issues, sexuality now a life threatening issue not wanting to give up sexuality, failing to connect sexuality to the earth. I was not wanting to go to Caracus. The trip depends on my back and strength. People don't pay to see a natural dance, but injuries, from more risky dancing, are causing me paranoia. I don't believe I can do the movements until I'm doing it. I believe in taking a holiday after an injury. I go back to dance after doing internal exercises. I put myself in situations that cause fear and I want to have the fear be useful. I appreciate that the session is not time restricted. I can bring out issues that control me by causing my injuries. Suffering and sickness caused by bringing up issues. I am using the spinning exercise in my workshop. I am pushing and criticizing myself to do things that I want to do, but then get sick after because I do too much. I did a new dance about healing. The next dance I do will be about destruction and rape. I may not do it because of the possibility of injury due to the roughness of such a dance. The dance is the emotional climate. It can be the rape of oneself or of the land. These are issues that can't be covered up. I am interested in doing dance about sexuality for others, when I've repressed it in myself, this assignment is right for me.

Movement: Eleventh Session 030000: I am standing at the door. I back off, away from the camera. Jo Ann is setting up the equipment. Jo Ann pushes the chair back. She sits with her legs back a bit under her chair. I have my hands talking, -- waving my hands. Then I make a fist with the right hand, while making a pushing (sustained, direct, bound) action. Then my right hand is gesturing. Jo Ann's right hand is gesturing too and her right foot and leg moves out, then back, and then out, with her hand tilted. Jo Ann gets up and puts the chairs away, and then gestures to the floor and I lay down. I put my arms and hands to the back of my head.

Jo Ann stands over me, talking and then kneels and puts her hands on my legs, and then one leg. I bend my right leg. Jo Ann moves gradually to the right leg and I let my arms relax open and my neck and head turn to the right.

Jo Ann is nodding her head back and forth while talking. Jo Ann is touching my right hip and placing her hands solidly on this area.

030908: I continue to lie in a relaxed position, open and talking. 031028: Jo Ann continues hands-on, working directly on my leg and deep connective tissue. I let Jo Ann touch my hip as I passively lie on the floor. She is touching my abdomen -- then, my stomach and lower back area. I allow Jo Ann's touching and it feels good. Jo Ann moves to the left side of my hip. Jo Ann and I continue to talk. My right arm is by my side and my left arm has the hand under my head. My head is turned to the left. Jo Ann continues to talk and to contact my left pelvis region at the front.

031943: Jo Ann lifts my left leg and continues to work at my hip on left. She bends over me and I talk but remain passive. Jo Ann touches in my knee area, while my left leg is bent. Jo Ann moves to my head and has her hands holding my head. I am lying with my left arm bent and my left fist at my waist.

032302 Jo Ann is touching my neck and then goes back to my head and moves it gently. Jo Ann, then gently rocks my body by pushing my shoulders, then goes back to my neck area. My left arm goes to my lower back area. I turn over and Jo Ann stands bending over and feeling my lower back area. Jo Ann is applying pressure to my lower back and massaging in the lumbar and thoracic areas. Jo Ann touches my right gluteus maximus (derriere) and then goes to my legs and then back again. She then assists me in rolling over resulting in Jo Ann's arms/hands being under my sacrum area. Jo Ann has one hand on my abdomen, and other at my sacrum, while my hands are crossed at my chest area, and my head is turned to the left. Jo Ann moves to the right side, touching my right hip and pelvis area lightly. I go to a sitting position and Jo Ann squats in front of me, talking and then sitting. Jo Ann nods her head "yes."

I am talking, but facing away from camera. Jo Ann nods for a long time, with pauses between these nods. Jo Ann answers the phone and comes back, squats, and then, sits leaning on the left arm. I gesture with my right hand. Jo Ann is sitting and gesturing with her hands, then, she goes to change the tape. She squats, then gathers her right arm inwards, and sits. Later, while talking and nodding, Jo Ann stretches out the right leg and other bent, M still mostly off camera, except for head nods and hand gestures made frequently -- quick motions, active engagement between Jo Ann and me. Jo Ann goes to her knees (coughs), laughing, then hands on fingers, and then hand on lap and then both myself and Jo Ann stand. I rise slowly and stand; Jo Ann demonstrates the getting up, and then puts her right hand to the lower back and other to her hair, while I am putting on my coat and purse. Jo Ann is getting the tapes, and we engage in conversation. Jo Ann has her left hand to her chin, the other on her waist. We leave.

Twelfth Session, March 24, 88. Today I have dressed up in colours. I have a scarf on my head, and my mood is high, and I'm almost singing as I talk. I tell Jo Ann that I am feeling good in every way -- even though I still feel some physical pain. I feel good because I've been practising positive images, saying things to myself. I start to tell Jo Ann about crystals, and although I am intrigued by them, I tell her that they are probably a little weird. I really am seeking energy, especially in my dancing. I begin to tell Jo Ann about my lower back pain. I am surprised that Jo Ann can think of pain as a good thing. Further along in the session, I introduce to Jo Ann a dream I had in South America, about my father finding out about my bulimia and my feeling guilty. I feel guilty and depressed because of my religious convictions, as bulimia seems like a debilitating disease. I get down on myself because I feel I will never evolve spiritually if I don't cure it. I have not told my father, as I feel he would blame me for the disease, and in the dream, I am praying for relief from it, but never getting relief. I begin to tell Jo Ann that I listened to a tape about self-guilt that said if you feel guilt, you punish yourself. I begin to think about Karma and how pain wouldn't let me move in the past. I credit Karma for bringing Jo Ann to me to help me. I begin to think of letting go of my guilt, when another dream comes to mind, about an ex-friend. I find myself telling Jo Ann that I never had to deal with violence, as my parents never exhibited anger. I have this idea that I could dance the archetype of evil.

My thoughts wander and I tell Jo Ann that I have to go through things that my parents never had to, and as soon as I think this, I remember my mother's problems with her intestines. I recall an experience that I had with crystals -- I have been carrying rocks with me since childhood. I am interested in my friend's experience with crystals and a healer. My friend's experience has been a guide for me: not to cover the source of pain. Last night I taped a crystal to my back. I put the crystal in salt and it disappeared. I was experimenting with the crystal during a hard rehearsal. I was feeling good, as well as hyper, but no particular pain. The Aikido is not particularly working for me. I have to find my own way. I have to unwind more, and I want to learn about crystals. I have a tension in my back, but no pain, just a dull potential ache. I have a pain in my shoulder that I pulled while dancing. I still have a fear of making my back hurt. My personal critic is keeping this area protected. My masseur is scaring me a little as I think he is going too fast. I have soreness.

Movement: I let Jo Ann feel my legs and back. She says that she is feeling impulses and seeing where tissues want to move. I feel some pain, from the back of my neck to my hand. I have soreness in my front, thigh area. I follow Jo Ann's suggestion to let my unconscious help me move things as they need to release, and I let go of a lot of muscle tension. Jo Ann has her hands on my lower hip area. I feel a relief and easing in my muscles.

Fourteenth Session. My voice is high and there is an unusual quavering quality to it. I talk about being fine, but I do not sound very secure in my voice.

[Meta comment: This session deals with anxiety and relaxation, recognition of things that are causing this anxiety, and trance relaxation to gain more confidence and security.]

My morning has not had any major traumas. I am going into the unknown -- going to Africa. I don't know how many performances I will be doing, or if I have to teach on days that I am performing. It's not sensible to expect a dancer to work eight hours a day. People think dancers are lazy, not to perform and teach each day. I tried it before and jeopardized my health.

Aikido can't carry me through this immediate future. Later, it will allow me to rely on my interior, not exterior energy. I cannot yet tap into the Aikido life-force energy. I imagine what I could do with the energy, if I felt it more fully. I am lacking the concentration that is key to meditation.

I want to develop internal images. Music helps develop my visual mode. All religions go in the same direction/ place. I feel most identified with Catholicism, as opposed to other organized religions. However, all great thinkers say the same thing. Catholicism is a narrow view and organized religion leads away from spirituality. For me, wanting something "badly" doesn't resolve it. Perhaps the question could be, "Is it just a habit -- wanting it?" I would like to see differently -- not to judge or compare myself with others. This is my biggest block; wanting to be better is an ingrained habit that doesn't help. I am sad about this. I don't need to judge myself, as it is a destructive habit, and softness towards myself doesn't have to be a weakness. There would be more strength, if softness and strength could balance.

I believe that one of my ex-boyfriends didn't know the male role or wasn't happy with it. I was weaker in this relationship because of my emotional dependence on him. I had a sad and nervous self-pity. After, I became softer with people, and pulled myself up. I used to be hard, haughty, scared, and shy. I am sad at this point.

When I was young, I was told that I was lazy, just a dreamer. This lazy judgment stuck with me. I have to trust myself, as trusting strangers is not good. Yet, I have to trust in the universe and whatever happens. I can't separate my work from enjoyment and life. I have to reconcile intellectually and emotionally. I have to address the outside critic and my inner ego. Not making a difference would be unfulfilling for my ego. I trust that what I am doing is enough -- is ok. Sometimes, I have faith and grace goes beyond trusting. I see myself as so far from what I want to be. I have a double standard. I am self-detrimental and ok with myself. I still criticize myself. This is not the way to get in touch with my sadness. I feel wrongfully judged by others. I agree with Jo Ann to be more open-minded -- as my perceptions are what they are -- not to be judged right or wrong, black or white. Judgments are powerful. The closer I am to someone, the harder they will judge me. In this sense, they have to forgive more.

Jo Ann and I do some body relaxation, by focusing upon trance-work while sitting. I feel taller. It feels fine in trance-state. I notice that I am unaware of seeing the colour green in trance, even when it was suggested. Jo Ann and I discuss auras. The trance- state is a very comfortable place. It feels familiar.

I discuss with Jo Ann that the less I warm up, the better I dance. I like simple warm-ups, not trickier professional ballet ones. I am sometimes in a kind of trance in warm-ups. I am deeply relaxed in trance. I am aware of sounds, but the quiet is louder than music in trance. The feeling is as if it were where the life-force comes from and goes to. I am afraid to listen to my heart, because I am waiting for it to stop. As I become more relaxed, I trust my heartbeat more. I remember things that touched me in my past, I am moved inside when Jo Ann says that I am breathing, being just right for me. This has a profound effect on me -- very reassuring.

June 22, 1988

Sitting in chairs: I am sitting in a chair with my legs up on the wall heater, one ankle is crossed over the other. I am leaning back in my chair and my hands are on my lap. Jo Ann sits opposite me. I clasp my hands near my heart. Jo Ann asks me how I am at endings. Endings are like beginnings, so it does not feel like an ending.

I try to encapsulate the experience of the whole and I laugh. Some endings are sad, when they are premature, but this is not the case. The therapy seems whole and complete. I feel that the therapy will be, somehow, on-going. "The Ending Dance": I begin with my torso bent over my legs. My head hangs loosely near the floor and my arms hang straight down to the floor. I roll up to the right side and stretch one arm up, and then my whole body curls. I repeat variations of these movements. I move my arms like flapping wings. Gracefully I turn my whole body, then my arm and head extend upward, while the other arm stretches down in the opposite direction. I crouch on the floor and I gather something, substance or energy-like, from the floor with my hands and I fold it in towards me in a feeding motion. Then I give it out to Jo Ann who is opposite me, mirroring my movements. Jo Ann and I continue mirroring with our hands. Our hands and fingers become playful, fingers gently tap each other. I support Jo Ann with my back as I curl over, then Jo Ann supports me. We hold hands and stretch our arms out in large, expansive movements. We counter-balance, holding hands and then spin around quickly. We do some joyful movements in a circle. We end with a hug and then hold hands.

Context: I tell Jo Ann that she knows more about me than my parents. Jo Ann reminds me of some original comments, when I said I had no expectations of these sessions. Jo Ann suggests that we do a dance to say good-bye to each other if I would be in agreement, which I am. When it is time to go, I take off the microphone, after asking Jo Ann if I can "unplug myself." She replies yes. Somehow this seems metaphorical.

In this session I tell Jo Ann about my work with the teen festival and the sun-rising ceremony. In the future, I would like to go to someone that would do a personalized ritual. Music will keep the dances together at the dance festival, as I have three gorgeous horn players. There will be a procession. It will be a very simple dance, like incantation movement.

I feel that I should be able to go a gentler way with my dance, as opposed to being violent. I miss the soul in some performances that I have been watching. I feel much freer now -- I am mellow, I change shapes: watery, and I then feel that perhaps I am trying to please. I have contributed to art for twenty years, and I cannot make sense out of my non-viable status that the granting source has given my work. Everyone has to grab for the same money. I hope that my granting source will swing around. Meanwhile I am looking more at the business end of my art.

I have more peace now, but I still have a conflict with my finances and my artistic endeavors. I have given myself some money from the business. People at the North Country Fair appreciated my dances.

I tell Jo Ann: I think that the therapy has had a very deep effect, I think I was ready and I asked for it and got it. I laugh. This year has been a combination of things: a real opening up. I still find my direction as painful (sadness in my voice) -- not going along with what the world expects. I had to work through a lot of lack of confidence --the trauma of the relationship that I had really pushed under until you, Jo Ann started poking your little fingers into it. I laughed nervously and gasped for my breath. I accepted this poking as important to go through. I feel that this therapy is a beginning of a professional relationship. I am conscious of wanting to encapsulate the whole experience as a way of letting go. I offer my respect to Jo Ann and honour her work. Jo Ann gives this respect and honour back to me. Jo Ann appreciates my participation. After Jo Ann and I dance, I tell her that was special and she tells me that I am special.

APPENDIX B

D's Story

D's Story as Taken from her Experiences

[Meta comments by the writer will be inserted in square brackets, highlighting a few of the therapeutic issues or concerns as they are discussed by the participant and the therapist. The following story unfolds in the first person, as if told by the participant, although it has been written by the researcher as derived from the transcripts of sessions and interviews with the participant, D. Movement terms that are part of the effort-shape language will be used, marked by italics, and explained in the glossary of the appendices. Also, the numbers (for example, 010021) refer to the video-tape reference numbers. These numbers immediately proceed the described movements for that specific section.]

D's Story as Taken from her Experiences

Initial Perception of Problems (Oct. 24, 1987). My name is D. I ran into Jo Ann in a university building where I was going to an Overeaters Anonymous (O.A.) meeting, after not having seen her for about ten years. Jo Ann was my therapist when I was sixteen to eighteen years old. I phoned Jo Ann to ask her if I could come to therapy with her as I am depressed.

First Session (Oct. 27, 1987). This is my first session for this research. After discussing with Jo Ann what it would mean to be a collaborator in this research, I am happy to sign a consent form. I ask her about the purpose of taping the sessions, connecting such taping with my experience of a psychiatric interview that I had to do as part of my occupational therapy studies. I go to O.A. because I binge excessively on food sometimes. One of the twelve steps in the O.A. program suggests to me that I would benefit from making amends to people whom I feel I have misused in my past. I want to make amends to Jo Ann for the way I used her when I was a teenager. I think I was too dependent on Jo Ann and I feel I need to make amends for pushing her into specially treating me. I think I was too demanding and asked for too much from her as a therapist. I was very much in need and Jo Ann gave me a lot of her time.

[Meta comment: D has problems receiving without a sense of obligation. She believes herself to be too demanding.]

I do not believe people accept me; I think I continue to relate to others in this way because I do not accept myself. My problem with food is a symptom of my insecurity. I do not really believe in the spiritual basis of O.A. and I am stuck where I am. I can treat myself well sometimes, but I am not familiar with my higher power. My experiences are mine; I believe that a higher power may work for others. I use it when I need a "fix." I like the term "higher self" because it means that the power is linked to me and not an image of God on a cloud. I am glad my idea is accepted by Jo Ann. The O.A. program leaves it up to the people to find something in which to believe.

There is a risk in letting go of control and turning it over to my higher self. Letting go of that control, accepting my limitations, is difficult. I am also frustrated and stuck with the way that I think O.A. works. The thought of going to work as an occupational therapist is triggering my old problems: a) always being scared; b) worrying about how I will relate to people; and c) worrying about what they will think of me. I think that my thoughts about not wanting to be hurt stem back to my parents, but knowing this does not change how I feel. I have to face what I expect of myself. I am constantly analyzing my relationships with others. Other girlfriends who do the same things I do, are struggling, but I think they cope differently. Bingeing on food (but not vomiting) is a problem for me. I have come a long way in trying to make myself better, even though things do not always go well. I never thought I would make it here.

I am fed up with menial jobs. This was my main reason for going into occupational therapy. I do feel better about myself and this helps me have contact with people. I am hoping that occupational therapy will change things inside of me. It is possible that I would not have chosen occupational therapy if I had known what my relationships would have been like. Initially, I thought that I would not get into occupational therapy, because I did not deserve it. I still wonder how I did it.

Now the teacher sees me always prepared and doing the work independently. She gave me honours. I feel that I have to continue to achieve the honours level. Last year I felt a lot of pressure, but I still expected myself to do well. I expect myself to get along wonderfully with everyone, to say the right things, and not to be fearful or anxious. I wonder what I can do when I feel incompetent. I have thought of walking away or shutting myself off from competitiveness, negativeness, and bitchiness; it has been hard to do. But I do not want to be like this; I want to fit in more. I am judging myself and struggling to fit in. I do not want to fall into the trap of talking about others because of how I feel. Blaming others, as I did in the past, is not for me anymore.

I have a hard time letting myself bitch because I go from one extreme to another. I do not like to be that way. I agree with Jo Ann that, in the therapy, I could experiment with extremes.

[Meta comment: D agrees to experiment with polarities of feelings. She is instructed to behave bitchily on purpose. By encouraging D to explore and be aware of "being the bitch archetype or symbol," I attempt to help her become more accepting and aware of herself and perhaps suppress less anger.]

I think that if I let myself feel O.K. about bitchy behaviour, as a way of exploring how that feels, I might be less uptight and judgmental about being a bitch when I do behave like one. I agree to explore this idea.

I tell Jo Ann that I am falling into bingeing again, but it is not as bad as when I first entered the program. I think that I begin eating when I feel pressure. In the past, hoping to get rid of my anxiety, I would vomit, exercise compulsively, and shoplift, but this is no longer so. Now, however, I am totally terrified of people. This makes a relationship with a man impossible. I do not feel close to my peers at school because I think I do not fit in; rather, I make myself uncomfortable. I cause myself not to fit in by thinking that my peers are judging me. I feel really sad. I am critical of myself when I feel this way. How I see myself is a result of my inability to accept my body unless it is thin. I attach appearance to body image. I do not feel as pretty as before. I took an adult improvement course in which I changed my extreme style of dressing.

Five years ago, when I was happier, I tended to listen to others more than I do now. For example, I took a modelling course in which they told me to wear less jewellery. Now I am comfortable with wearing less jewellery, which is a big change from how I used to dress. I have been trying to change and make myself better.

I now want to change how I feel in social situations. I am mad at myself for not being able to go out and have fun very often. I remember a time when I was able to go out and have fun. I do not want to be alone and miserable. I am miserable when I am with friends and I do not feel any closeness, when the relationship does not seem special to me.

[Meta comment: Here, D's goal in therapy is to feel more comfortable socially. She is looking for love.]

There was a friend with whom I used to be close, but not anymore. I am becoming confused between logic and feelings where a friend is concerned. Telling the friend how I feel is not worth it. My thoughts make logical sense, but they do not make sense in terms of my feelings. I am resentful of the fact that my girlfriend broke off our relationship. In the past, I did not want to get close to anyone because I did not believe a relationship could work out. I am relieved that I can get in touch with someone now, and realize that I was too intense before. I watch myself now. I have a hard time getting close to people and then letting them go. I feel it is necessary to find a middle ground. I do not believe it is healthy to count on someone, but at the same time, I do not want to be totally independent.

[Meta comment: D is struggling with dependence and independence, as well as distance and closeness. Expression and restraint are polarized. Although she says she can now become closer to people, she has contradictory thoughts/feelings about this closeness. She does not seem to trust it as she is afraid of letting go of close friends when necessary. She also contrasts dependence with total independence, not realizing that independence does not have to mean abandonment. She goes on to discuss her depression and loneliness.]

It is depressing, difficult, and sad to live alone. Being depressed is a sad feeling. I feel a lot of self-hate, which I think I deserve. It is easier to accept things if one feels strongly about them. I feel helpless about my friend and feel that I deserve the breakup of our relationship. I may as well stay with my occupational therapy friends.

I wonder if my problem is hereditary since my father is "loony" and disabled by drugs and alcohol. I do not believe my father will ever change. He blames everything on others and does not look at himself. I try to accept him, but I am unable to listen to him blame my mother. I feel a lot of anger toward my father and I wonder if my problems are linked to him. Psychology makes me angry because it does not give definite answers. I no longer put psychiatrists on a pedestal. I do not know how to get my life to work for me.

I want to see myself relaxed, let myself be ever young, accept things, and not berate myself, so that I can change. My head is the controlling, arranging part of me. I miss the little kid part of me and want to let it out. I was at a retreat where I let the little kid out. I know I have a fun side and a crazy sense of humour. I laugh at people because they remind me of the crazy things that I have done or might do. The humour part of me gets really buried and lost when I am depressed. I was doing really well for a while during last spring and summer; there were no mood swings and I could not believe it was me. Classes are safe because one does not have to perform. When I am in clinical, I feel as if I am in a fishbowl, constantly threatened, due to the constant evaluation. I ask Jo Ann if we are going to do exercises like aerobics for warm-ups. I ask Jo Ann about sitting on a big ball while doing homework because I get sore from sitting. The movements feel pretty good. I ask what kind of therapy it is that we will be doing, and what it is supposed to do for me. I understand that I will both move and talk.

I talk about my two nephews with whom I feel good because I can act like a kid with them. After rolling on top of the big ball, my stomach feels good, not tense. I describe how the ball feels -- comforting -- and ask Jo Ann where she gets these balls. The rolling movements are comforting and make me feel secure. I ask Jo Ann about her research. We discuss the movements I have been doing.

Second Session (Nov. 5, 1987). I am trying to figure out my life, and where the fear and pressure is coming from. I analyze what is difficult about clinical. I feel sadness and fear, and feel very uptight. I wonder how long I have to go on like this, struggling with my emotions, and wonder if things will change. I am going on a new unit and feel nervous. I have been overeating, but the O.A. people have been helping me get through by phoning me. I am trying to get a new perception of a higher power, because what I have is not working. I need to obtain this new perception because if I let go, I have nothing. I was uncomfortable coming in today because I believe I screwed up. I feel insecure and am afraid Jo Ann will say I am too sick. A student told me that not dealing with issues forces them to keep coming up; I can relate to this idea.

I feel insecure about my family and am afraid they will reject me, but I realize I have to make some changes.

[Meta comment: I decide to get D to put her feet on the ground as a way of beginning to address her anxiety and her tendency to take her feet off the ground.]

I wonder why I have to keep my feet on the ground but agree with Jo Ann that I need grounding. If I did not think I was worth it, I would not keep trying to improve myself. I wanted to go to school but was afraid they would not let me into school. I feel more comfortable with Jo Ann than with a previous doctor. I have a hard time looking into people's eyes. I want to look down. I see myself in Jo Ann's eyes. I ask Jo Ann what she sees. When I get sad, or talk about my feelings, I look down.

[Meta comment: D and Jo Ann relax on the floor.]

I meditate when I get up from relaxing on the floor and feel serene. Staying calm and *grounded* helps the patients with whom I work and me.

I was calm and *grounded* at school last year, but I know I have had it now; my nerves are getting to me. I try to figure out what is different from last year, when things were working. There was an instance when I had to work in front of an instructor but was comfortable, because I had talked to her before about my tendency to get down on myself. Sometimes I am comfortable touching my patients and at other times I do not want to touch them. I do not want to touch them when I am scared. I am uncomfortable with and scared of one of my teachers, who is not very understanding. I pass that fear on to my patients and blame myself. The fact that I analyzed a compliment from a patient's mother made it clear to me that I was trying to avoid rejection. I need to depend on external influence rather than just myself. I need to let go of unrealistic expectations of myself.

[Meta comment: In this next part, D feels sadness, as she recalls the picture of herself as a kid, alone. She has difficulty with an instructor who thought that she was scaring a child with a stethoscope, since this is not how D usually identifies herself. D became scared of the instructor who was criticizing her. It is worth noting that D goes on talking about how mean she is to the child in herself. D did not identify with the adult part, but became the unsupported or misunderstood child.]

It makes me feel sad when I see myself as a kid trying to please others for love. I notice how mean I am to myself. I want to change how I treat myself, to be more realistic, to feel like a child inside but be mature on the outside. I am learning to love myself, to talk about how I feel, and to look at my feelings. I feel my instructor was labelling me when she said I was scaring a child patient. I took on the responsibility of that statement and it was not fair that I did so.

[Meta comment: D feels a tenseness in her lower back, which appears to be where her pain has been stored.]

I start to talk about expecting myself to be perfect, comfortable, and wonderful. I feel a tenseness in my lower back. Jo Ann suggests that I sit on the big ball and I do so. Jo Ann suggests that I explore my tension. Usually I get tense all over when I am tense, but I become particularly tense in my trapezius muscles and my legs.

I roll on the big ball while sitting on it. As I roll I move my lower back and pelvis, and suddenly I realize that I am not the only one who is nervous and having difficulty. But I believe that I am the only one who carries the nervousness for a long time in my body. I feel a real burning, a dull burning sensation. I know this is because I have been so tense. I have no energy when I am tense and I have had no energy for the past three days.

Jo Ann suggests that I curl around the ball and I do this. She puts some pressure on my back and I tell her I have been experiencing a lot of pressure trying to keep everything in order. My crying was the pain coming out. Jo Ann asks me to make sounds and I do, although I feel embarrassed. I make "huuhuu" sighs and the "ohhhs" of a baby. On Tuesday I cried and I did not hold it back.

I have fun on the ball and explore my body feelings as I reach out to the ground to support myself. It feels good to reach out. I think about my past, how bad and lonely it was and how it made me shut myself off. I do not reach out because I do not believe it will make a difference. The fact that I do not reach out keeps people away. I wonder if

I understand that change must occur within myself. I do not want to give up hope, but Jo Ann tells me it is a little like giving up "trying." Jo Ann suggests that perhaps I can get on with my life rather than worrying about whether things are hopeless or not. I am getting to know myself and I am more aware of how I set myself up. Depending on others does not help me become independent. I was unable to cope this morning because I was not perfectly prepared, but I really feel a need to be accepted by everyone. I panic if I feel this does not happen. I am unsure about that instructor, in whom I have lost faith because of the way she acted. I felt good about a test I wrote. I got an eighty-five. I was angry at the instructor for ridiculing me, and then I got on my own case about the incident.

I decide to role play the anger I feel for my instructor. I tell Jo Ann that I am really angry with my instructor. Jo Ann wants me to express my anger to her as she plays the role of the instructor. I laugh, and Jo Ann states that my movements seem to express a desire to hug her. I tell Jo Ann that I would hug her but not my instructor. Jo Ann asks me to get a clear picture of my instructor in my mind and I do so. Jo Ann tells me to say that I am angry in a lower tone of voice, to put one foot forward, and to push her hands. I do this and laugh. Jo Ann tells me to do a slow emotional push -- with strength, bending my knees. I begin to feel a lot more force in myself as I push. I tell my instructor I am mad at her: "You make me angry. I was just asking a simple question. You made a big thing out of it." Jo Ann instructs me to go further and to tell her to get lost. I say this while looking in the mirror and I laugh. Jo Ann suggests I do it away from the mirror. I continue and I notice I feel like a child -- I really feel my anger as I do the motion. Then I think that if I really did this, they would come and take me away. My back feels like it is loosening up. Jo Ann suggests we do a dance with some light movements, the opposite of the strong pushing movements that we have been doing. I wonder if the sessions will work because I have difficulty opening up. I discuss my anxiety and how I focus on it, and how uncomfortable I am with anger. We discuss a time for my next appointment.

Interview following Third Session (Nov. 14, 1987). As I watch the video about walking, I describe how stiff and awkward my body felt. I felt very self-conscious during these exercises. I feel similarly self-conscious on the unit when I believe someone is watching me. During the session, I became involved with my movements and lost the spontaneity of walking. Putting sound to movement and hearing my own voice makes me embarrassed. I feel that my body image is fine and that a new wardrobe may help me. I am sad, but I am not familiar with expressing myself, as I am a reserved and self-conscious person. I fold a kleenex and scrunch my fingers when I am anxious. I need to talk in order to understand myself more.

Yesterday I did not want to talk to a reporter about prostitution. I do not feel ready to talk about it, especially since it involves my brother.

Watching the video, I detect a hesitancy in my movements, particularly in my hand movements while I was talking about my emotions.

Seventh Session (Dec. 12, 1987). I have been having a hard week and do not feel good about myself, although I feel good about my progress and believe I have learned a lot from the last session. I want to talk about why I overeat. All I want to do is eat in order to avoid things like guilt. I still dislike my body image, which I perceive as skinny. My back is sore; it feels a lot of pressure. Jo Ann asks me whether I feel the pressure emotionally. I have been having self-doubts and feeling sad and self-critical again. I am unable to be critical of people. I am afraid of criticizing people because they may drop me as a friend. When people are present, it is difficult to tell them their bad points without being judgmental. It hurts to feel that I have to please people. These feelings are getting in the way of my career.

I do not like the feeling of being abused, and I do not think it is fair to abuse someone else. I recall feeling bad because I thought I was being critical about someone's shoes. I feel emotional, but I am afraid to tell the instructor how much I hurt. I hurt inside. I hurt myself. I felt angry and tried to phone someone to talk to. I am lonely because I do not have time to go out much, and I do not force myself to do so. I have friends with whom I could go out and have fun, but I am tired of having to plan such events. I feel angry and sad. Jo Ann has me beat up a pillow to get in touch with my feelings. We engage in role playing and I express anger at some people. I talk about these people and how we relate. I am concerned that other people in the building will hear the session. I am mad at people because I feel I cannot be myself. I am afraid that people will not accept me if I tell them how I really feel. I am afraid I will not be accepted by people who come to know me. I feel I am abnormal because I cannot relate to others and isolate myself a lot. I am embarrassed because I cannot relate socially when I am depressed. I want to be comfortable and unconcerned with how people react to me. I think I am a deep person in my ability to think and talk about my feelings; I cannot relate to people who do not do this. My current state makes it difficult for me to describe my feelings. There have been some people to whom I have got close. I am worried that Jo Ann will judge me. I am uncomfortable looking at her even though I know she is trying to help me. Jo Ann and I tell each other what we see when we look at each other. I find it difficult to control my feelings and my exterior so that people cannot tell what I am feeling. Jo Ann wants me to say something about her. I protect myself by not saying things to make people push me away. I discuss how I could make a critical comment to a friend in a caring way. I agree that I could do this for myself.

Jo Ann gives me an exercise to do with my hands. I discuss why I play with my fingers. I observe Jo Ann mirror my hand movements to see what emotions come through. I contact my feelings when I observe my hand movements.

Movement and Verbal Integration (Feb. 6, 1988). I sit on a chair. My left foot rests on the chair with the knee raised; my right leg is bent on the chair. My left hand plays with my left foot and then with my hair. I feel frustrated with the teachers' strike. I do not know when we will have spring break. This week has been interesting and different. I had some good days, but then I felt off, down in the dumps, sad, depressed. I get scared when I feel this way. I think that I am going back to my old ways again. It was like turning a low positive into a negative. The neat thing was that I still did things. I made plans with a girlfriend. A few days later, I felt so good that it was as if I were high. I could not contain myself. I was speaking out and I thought I was going crazy. It was kind of scary. I pull up my sleeves. I could not slow down or concentrate. It was like being stoned on speed. I was so happy about being happy. I have been feeling guilty about not doing service in the support program. I feel that they coerce people into working. I do service in my own way. I cross my right foot and rest it on my left thigh in a half lotus position. I have read about different kinds of guilt. When I do something that I feel guilty about, it is not that I have consciously gone out to do something bad. I do not need all these guilts that I have; I am not all that bad. I am not a bad person. I write about important things in my journal. I lean back in my chair and hug my left leg. I tell Jo Ann about a dream in which my stepfather slaps me and I yell at my mom for not protecting me. I feel like crying now. Jo Ann and I stand up. Jo Ann demonstrates how to do dream work. I pretend to be the different people in my dream. Jo Ann tells me to get to the feeling in the dream. I pretend to be my stepfather. I talk about how he feels. I walk forward and slash my right arm across and in front of my chest. I turn and lift my hands up; then I let them fall down to my sides in a shrugging gesture. Jo Ann asks me to do it again and be G. I do not want to hit myself. Jo Ann tells me to pretend it is a punching bag. I am confused about whether I am G or myself. Jo Ann coaches me: "I feel like a big jerk for hitting D. I am angry." I play with my hair; my other hand is on my hip. "D is getting too lippy; she is sarcastic, she puts me down, she is too flipping happy. I cannot stand that. I will smack her." Jo Ann says that this attitude sounds like me this week. I laugh. Now I pretend to be mom. I walk over to where mom is; she cleans. I shake my hands back and forth. She would say, "vats wrong?" I laugh. I clasp my hands at my chest. She would be cleaning even harder. She would be thinking, "oh my God, G hit her. I cannot say anything against my husband. I need him. I do not know what to do. I am so nervous and so worried." I walk around and shake my right hand in front of me. Jo Ann says that I am the part of D that is scared to stick up for D because of what other people will think or do. "I am scared." Then I am myself. Jo Ann asks me what it feels like to be hit. I am mad and feel like crying. I do not deserve that. Did I do something wrong? I clasp my hands at my chest; my fingers fidget. I shift my weight back to my right leg. I feel like I want to kill him. I scream at my mother. Why did you let him do that? I feel abused. I do not deserve to be the object of his anger. I shift my weight back to my left leg. I gesture limply with my hands. I scratch my neck with my right hand. I hold my left hand near my stomach and then I walk around in a circle. This is hard. I look down. I jiggle my knees. It does not feel right saying it. Jo Ann places her hand below my hand on my stomach. Jo Ann tells me to breathe in here. She asks me what it feels like to be in here. I am getting nervous. I want to protect myself. Jo Ann initiates stomping. We stomp our feet on the ground. Jo Ann says "*grounded*, stand your ground." I bend and straighten my knees. Jo Ann says that then I was the child, dependent on my parents; now I am the adult D. Jo Ann pulls out two chairs and asks me what I would say to my parents. I clasp my hands in front of my pelvis. I stretch my hands out towards my imaginary parents and then bring them into my heart. I press them together. To my stepfather, I say: I do not know why you hit me. I do not deserve it. I think you are f'd in the head and you take your anger out on other people. I am angry. Jo Ann coaches me on telling G that I am angry with him. I jiggle my knees. Jo Ann places one hand on my back and one on my belly. She coaches me on speaking from my belly and not from my throat. I hold my belly and my back. I try it. Jo Ann says that I swallow it. She tells me to try breathing. I sigh deeply. I breathe more deeply. I still feel that you do not want me around, G. You speak sarcastically to me. I rub my left eye. I do not feel that you support me as a parent. You get your digs in; a parent would not do that. That is not very caring. I sigh. Jo Ann touches my stomach and then we bend over and support our hands on our knees. We bend our knees. I bend and straighten my knees. I breathe. My head hangs down.

Jo Ann tells me to breathe into my lower back. I get dizzy when I do this. Jo Ann tells me not to breathe deeply, just to breathe normally. I stand before the chair that represents mom. I clasp my hands behind my back. Mom is a hard one to get into. Jo Ann tells me to see her there. She represents fear in the dream. She is afraid to stand up for herself. Jo Ann says to talk to the part of myself that is afraid to stand up for me. I tell my mom that if she would have stood up for me when I was a kid, I would not be so scared to stand up for myself now. Standing up for yourself is important; otherwise people run all over you and use you as a doormat. To my mom, I say: You let him use you and abuse me and my brothers. You care more about what he thinks than about who we are. Jo Ann says: "you let your fear come between you and your children." I cry. I say: I resent the fact that you were very strict and that you restricted my activities and my relationships with my friends. I stand with my weight on my left leg; my right heel rubs my left foot. Then I rock back and forth between my feet. I feel this has made it difficult for me to make friends now. It was as if you never trusted me, and so I cannot trust myself. I pretend to be my cheek in the dreamwork. I clasp my hands in front; my head hangs down and I hunch my shoulders forward. I feel hot, red, flushed, swollen, embarrassed, and vulnerable. I am ashamed. I woke up this morning with a headache and my trapezius muscles were tense. Jo Ann says that these would be affected by a slap on the cheek. G scapegoats me. Jo Ann says that the five parts to my dream are about abuse; the part that does not stand up for itself; the part that is childlike, getting hit and depending on the parent; the pain and the shame; and the part that makes excuses. Jo Ann says that she also wanted me to access the adult in me that could see that I was treated poorly by my parents. It is hard for me to access my anger because it was so long ago and because I make excuses for my parents. Jo Ann asks me if I can admit that I am angry with my parents and that I take it out on myself. I can admit this. Jo Ann says that she wants me to look at what I want for myself now, in terms of movement and feelings in my body. Jo Ann puts on my music. I stand on one leg and swing the other around in front and then behind. I change legs. My hands rest on my hips. I swing all the way around; then I bend my knees from side to side. Jo Ann mirrors me. Jo Ann says that this is the way my hands go when I hold back my feelings. I do not know why my hands do this. Jo Ann says that it probably has to do with where my tension is held. I hold it in my lower back and shoulders. Jo Ann says that they are related and that any part of my back affects another part. Jo Ann and I move around the room. I do a waltz step; I step up on my toes and twirl around. As I hold my back, Jo Ann tells me to see if my lower and upper back are connected through there. She tells me to note as I move if the feelings in the lower and upper body connect or if they start to change. I imagine a big, long, billowing gown and a big white wig. Jo Ann says that this is a presentation of the chest movement. Jo Ann tells me to see if I can push through my pelvis with my hands, gently. I laugh. Jo Ann tells me to let my shoulders drop. I drop my hands and roll my shoulders around to the back. My hands swing freely. I find that I dance on my toes a lot. Jo Ann tells me to feel my whole foot as I dance. I step flat on my feet and only very slightly up on my toes. Jo Ann tells me to go back to the balls of my feet. I step on the balls of my feet as I dance. I can feel my lower back. Jo Ann tells me to wiggle through that lower back. We stop dancing and stand with our feet apart. I move my pelvis from side to side and bend my knees as I shift my weight. I press my pelvis forward, then back, then around in a circle. Jo Ann tells me to go through the pain and the tension. I find that it helps when I round my back and push in my stomach. I press on my abdomen and lean forward and back. Jo Ann says that the front of the body and the lower back are interconnected.

Jo Ann tells me to put my hands on my stomach and feel it move. It receives some tension too. I place my hands on my stomach and move from side to side. Jo Ann tells me to connect the femur bones with the pelvis, the sacrum, and the lumbar area. I place my hands on my back and lean forward. When I circle my hips I can feel my spine and my pelvic bones moving. Jo Ann tells me to envision them. My back still aches in the lumbar area. I lie down on the floor on my stomach. Jo Ann massages my back. I laugh and my legs jerk up. I lie on my back and Jo Ann does cranial massage on my head. I listen to the song.

Jo Ann has me open my jaw; then she works on my sinuses. Jo Ann says that once we become conscious of things, we can dream more and allow the healing to come in. I tell Jo Ann that I can allow my body to let go of some tension; it is safe now. Jo Ann works on my neck, as it is connected with my lower back. I notice that halfway through our session, my upper back is not quite as tense as it was initially. Jo Ann rolls my head to the side as she massages my neck. Then she rocks me from my belly. I think that the diamond ring in my dream came from seeing a diamond ring on a friend's hand and the many rings on a salesman's hand in a clothing store. Jo Ann says that sometimes these recent things get incorporated in a dream. I feel flattered that the salesman was interested in me. He was O.K. Jo Ann places one hand under my lower back and the other on my pelvis, and rocks gently. I ask Jo Ann what she means when she talks about making the bottom and upper part of the body connected. Jo Ann says that sometimes we act or move just from the upper body or just from the lower body, but we should notice how much feeling moves through the body.

Continuously, I say. Jo Ann says that we want to be able to communicate upper and lower body as well as separate them. I lie with my knees up and my hands under my head. Jo Ann stands as she talks to me. It is a good session for me. I am surprised at how much came out of the dream. I had not thought that much of it.

Interview following Eleventh Session (Feb. 6, 1988). In a dream role play, I imagine myself as an embarrassed cheek. This dream affects my body. I had a dream in which my stepfather hit me on the cheek. I imagine I am my cheek after being slapped. I am unable to express anger towards my parents even though they project their anger onto me. I discuss the body exercises Jo Ann showed me and ask for instructions. I describe how my neck feels after an exercise period. I wonder why I dreamed about a diamond ring. On Saturday, I saw a male acquaintance I had not seen for a long time. During the exercise, the top part of my body feels different from the bottom part. I am aware of how the curve in my spine relates to my shoulder and my standing position. My mother corrected me as a child for the way I liked to walk. I demonstrate how I carry myself when I am upset or tense. I have been having a fairly good week. I feel scared and depressed but am trying to use these emotions constructively. I have been making plans for the week: going out for lunch, going to a concert. I do not really want to go but expect I will have a good time. Monday I felt as if I were high on drugs. I wonder why I was so high. I realize that I have to accept certain things, and this does not necessarily mean these things are bad. I felt hyper after an exam and went out and bummed around. My old guilts returned after my treasurer position was taken away from me at an O.A. election because I did not attend. No one actively participated in the nomination process at the meeting; I feel that people are coerced into positions through guilt. I talked to a friend about the guilt I felt at not doing more service at my meetings. I start to understand why I felt this way. I was too busy to participate; I hate feeling guilty about it. Thinking that serving as treasurer was a "should" screwed me up.

I talked with my friends about my expectations of myself at school. I am surprised that I am able to share this with others. I am aware that I no longer need to be the highlight of the party. I plan to xerox part of a book that Jo Ann lent me. I have read about different types of guilt, such as conscious versus unconscious guilt. I find it interesting to go back over my private journals. I decided not to buy a birthday gift for a friend, in spite of the guilt I felt, because the friend has not made any friendly overtures for two years. My friend and I are drifting apart. I want to get closer to my friend, but I am unable to do so because of her boyfriend and because of a schedule conflict. I am resentful of my friend's boyfriend. I feel resentment towards my sponsor for not being there for me, even though I know she is having a rough time. I did not express my resentment to my sponsor because I thought she would get defensive. I find it difficult to be angry with people who have justifiable reasons for acting as they do. I had a dream in which I was physically abused by my stepfather, relating back to an incident when I was twelve. My stepfather abused me and my mother did not defend me. I feel like crying but I do not know why; the incident took place so long ago. I have been having problems with my stepfather. I act out my feelings from the dream and play the role of my stepfather. Using the punching bag to express my feelings towards him would be too real and somewhat scary. I have to watch what I say when I am around my stepfather. I put myself in the role of my mother when my stepfather was abusing me, and wonder why my mother would not help me. I role play myself when my stepfather abused me. I express my anger towards both my stepfather and my mother.

I have a hard time role playing; I get nervous and want to protect myself. I imagine what I would say to my stepfather and my mother. I remember why, as a child, I resented my stepfather and my mother. I note how their behaviour then affects me now, when I am an adult. My sister is lenient with her children. I have defended my sister to our mother, for raising her children differently from the way we were raised. I am uncertain whether my sister is doing the right thing but I do not want to be judgmental about it. I feel defensive about my mother's statement that I cannot get a boyfriend.

Twelfth Session (Feb. 14, 1988). I enjoy jazz as a stress reliever. I find the dancing awkward but one gets better with practice. I referred a friend to a doctor. I am jealous because the friend is going out with a guy; she might not need me as much, or she might get better before me. There is competitiveness between my friend and I, but we do not judge each other. I comment on how alike we are, although the friend is in the same situation as I was last year. Our friendship is deteriorating. I am angry at the feelings of jealousy aroused by this deterioration. I wonder why I get upset. I tell Jo Ann that I confronted my sponsor at a retreat exercise about not being there for me. Confronting this situation does not mean things will change. I do not believe I acted wrongly in confronting her, but it seems I will have to let the relationship go. It is sad when friendships are over but I do not feel as badly about this as before. I acknowledge how good the friendship was while it existed. I called an old friend and was glad I did not buy a present for her out of guilt. I am sad because I feel it is time to let go of my relationship with this friend. I believe it is better to feel than not to feel, and I am happy that I at least have some feelings. I plan to see the show "Cats." Our movements in this session focus mainly on the leg and foot. I am feeling loose after my days off. Jo Ann and I talk more about the leg and foot movements. I ask if we can change the music. What I find most difficult in the sessions is dancing by myself. I am trying to figure out a dance routine. I flex my muscles, which I sometimes do at home alone. I am interested in what body builders do and in the size of the muscles on my body.

The fact that I knew the music helped me dance by myself. My dancing screws up when I think consciously of what I should do or when I think that someone is watching me. I remember an embarrassing incident when someone heard me singing. My sister taught me dances when I was in Grade one. I understand that it is normal to feel self-conscious when one is being videotaped while dancing. I judge the negative qualities I see in others; I judge myself when I am dancing. I have a habit of judging people I see and comparing myself to them, which I attribute to human nature. I want to work on losing my inhibitions. We talked at the retreat about releasing the child within us and being less serious and self-conscious. I know a fellow dancer who is very self-conscious about dancing. I believe that she is afraid of appearing conceited. I have been telling others about my sessions with Jo Ann.

I am dizzy from the movements. I compare this dizzy feeling with other dizzy feelings I have had. I wonder why I loved rides when I was a kid, but now I get sick on them. Perhaps it is because I have learned to control my environment. I like Jo Ann's studio; she will need a bigger one once people catch on to movement therapy.

I want my mother to be like a woman I met at the retreat. I learned to breathe deeply at the hospital, but I did not know why until I read a book Jo Ann lent me.

I feel a sadness and a heaviness but am unsure of the reason for this. I feel guilt and have conflicting emotions about my stepfather and being at home, because of my step-grandmother's illness. My stepfather does not want me to be a part of family conversations. I wish I had my own apartment. I feel uncomfortable being around when my mother and stepfather watch pornography. I like being at home because of the things I can do there and because the residence is lonely. A girl offered to lend me her apartment, but it did not work out. Living in residence has taught me to appreciate my own place. It has also taught me how to deal with people and how to be an individual.

I describe how it feels to perform certain movements. For example, I feel foolish pretending to be a cat in a litter box. I have a hard time with anger; anger inhibits me. I feel foolish doing Kung Fu, but not if Jo Ann calls it Tai Chi.

Movement and Verbal Integration (Feb. 14, 1988). I sit on a piano bench. My knees are up and I rest my elbows on my knees. I am concerned about losing my girlfriend. She is a lot like me. She is too serious. I feel angry with another girlfriend because I feel left out. I am afraid to be vulnerable and tell her how I feel. Jo Ann talks about the polarity; I feel vulnerable when I express my feelings but I am more vulnerable when I do not express them. Jo Ann and I stand and face each other. We do first position pliés with synchronized arms. We breathe. At the bar, I face Jo Ann and we do porte de bras with our arms. The arms move up to the front, out to the side, and then down to the front. Jo Ann explains the movement as we go along. I hold my wrist rigidly. Jo Ann encourages me to relax my arm by breathing. She adjusts my arm posture. We plié in first position and co-ordinate our arms. We face the bar and hold on to the bar. We relevé up on our toes as we push through our feet; then we lower ourselves. We plié, then relevé. We do grand pliés and relevé. We shake out our arms and legs. We do tendus. I stand in first position by the bar. My left hand is on my hip. I brush my foot along the floor to a point. I am supposed to move from the hip and keep my heel on the floor as far as I can. We tendu to the side and then to the back. I hold my arm out to the side in second position. Jo Ann tells me to think of being lifted with my pelvis secure in the hip. My arm gets tired and stiff when I hold it up. We face the bar. I lift my left leg up onto the bar. I wonder if I should straighten my leg and if this would be hard on my knee. Jo Ann says no. I lean forward. Jo Ann tells me to feel the stretch in the muscles. I stretch the other leg. Jo Ann helps me with my posture. I am concerned that my leg is hyperextended. Jo Ann has me lift up in my back. We do free-flowing movement. Jo Ann demonstrates a free-flowing turn. She tells me to follow her and do what I feel in my body. I turn and step; my arms follow lightly. Jo Ann wants me to dance by myself to my music. The hardest part is to dance by myself. Jo Ann says that this is a way to discover myself. I laugh. I feel nervous. I step in rhythm to the music. My right foot crosses in front of my left. My arms sway slightly. I dance from the corner; one leg crosses in front of the other and the other foot steps out to the side. I bend my knees. I cross one leg in front of the other and turn around. I dance back to the corner. I repeat this. My shoulders move rhythmically with my dance. My arms bend up and down. I practice a walk that I like. I bend down and then up on my toes; one foot kicks behind. My left arm swings up and down. I practice turns on one foot; the other leg bends up and the knee turns out to the side. I stand in front of the mirror, raise my arms, and flex my muscles. I do this at home. If anyone saw me I would die of embarrassment. I turn and show Jo Ann my muscles. I bend my left knee and show Jo Ann my bicep muscle in the back of the hamstring. I place one leg in front of the other; the foot is turned out to show Jo Ann the quad muscle. I kick my right foot up to the back a few times. My calf muscles are small. I think my bicep muscles look good. I clasp my hands behind my back and raise them up to show Jo Ann my tricep muscles. I ask her why my right side is not developed as much as my left. I wonder if my left side overcompensates. I sit down on the piano bench; my knees bend up and my arms wrap around my knees. I talk about how that experience was for me. It is still hard for me to dance by myself. I feel embarrassed. My own music helped. I think I did O.K. When I think about what I do, I get screwed up and lose the beat. Keeping the beat is important to me. I am afraid that Jo Ann might laugh at me. It is hard for me to cut loose and let go. I recall an incident when I was living with my Dad and I was embarrassed. I play with my right foot and look at my feet. Jo Ann asks me if it is O.K. for me not to be normal. My feet rub against each other. It is important for me to feel normal. I talk about how we judge each other. Jo Ann talks about how we can get different perspectives from different people and says that different perspectives have different things to offer. Jo Ann and I stand, face each other, and consider different perspectives about dancing. I mirror Jo Ann's movements. Our arms swing forward and back as our feet kick forward, alternating. We move around in a circle. I step from side to side with my feet and twirl around; my arms swing out. I spin around and around and then I hop. Jo Ann hops and leaps. I spin around and look at my left hand, which I hold in front of my face. I spin the other way and my focus is down. I spin with both my hands up and my elbows bent. Jo Ann dances and spins around me. Jo Ann shows me how to look up. I step and jump with both feet together off the ground. Jo Ann mirrors my jumps. I stand and jump with my heels together.

Jo Ann spins around and down to the floor; she rolls on the floor. I copy her and spin to the floor. Jo Ann explains how to spin and not get dizzy, and how to roll on to the floor. Jo Ann and I sit crosslegged on the floor and talk. I bend my knees up and play with my feet. Back on the piano bench I sit with my knees up and my arms around my knees. My toes wiggle. Jo Ann asks me to focus inside to see if anything has shifted. There is some sadness in my throat and in my chest.

Jo Ann asks me to put the sadness back in and see if any other word comes to mind. I have conflicting emotions about sexuality with my stepfather and he takes his emotions out on me. I have to watch how I behave. I feel uncomfortable talking about sex with my parents. Jo Ann asks if I feel that I have a right to my own feelings. My chest feels a bit lighter. The word that comes to mind is constricting. Jo Ann says she hears that I will put up with

this but I do not like it. I do not. I sit crosslegged and look down. My hands play with my hair. Jo Ann tells me to be an alley cat. Jo Ann moves her hands like claws and snarls. I laugh. Jo Ann reaches out with her hand and touches my chest. She says she thinks my feelings are muffled. She says to put them out like a cat. I scratch my fingers on the bench like a cat in the litter box. Jo Ann says, "in the shit, you're in the shit." Yeah. I rub my hands on my knees. It feels foolish. I cannot let my anger go. Jo Ann and I stand opposite each other. Jo Ann pushes her hand away from her shoulder and flicks her hand. She tells me to make a sound, but no sound. I push my hands away from my body; there is not very much energy in my hands. Jo Ann says my sound gets choked up. She tells me to put breath into it. I make a sound like "ha." There is more energy in my hands now. We do an exercise. We stand with our left feet in front and our right feet behind. As my front leg bends forward, the same arm swings forward and we say "hein." As the front leg straightens and I move backwards, that same arm bends into the waist and we say "so." On the right side we say "hein ho." Jo Ann has me repeat it, using the opposite arm and leg. Jo Ann says that I have a strong voice and that I speak fast. We walk around in a circle, clockwise. I follow Jo Ann. Jo Ann tells me to concentrate on putting my anger out there. My hands push strongly away from the shoulders. We walk quickly. Jo Ann tells me to brush the anger off my shoulders. I brush my hands down my arms. We run and let the anger fall off our shoulders as we run. Jo Ann says the anger is behind me. I want to go fast, then. I pass in front of Jo Ann. Jo Ann grabs my anger and gets rid of it. Jo Ann asks me to check inside. I stand and breathe deeply. Jo Ann asks me what comes to mind inside me. I touch my chest and I feel constriction. My chest does not expand enough when I breathe. My chest feels tight and tense. Jo Ann and I sit crosslegged and face each other. We do a meditation.
Jo Ann says that we are going to ask inside what needs to be done in terms of the heart. I think of my highest aspiration. Jo Ann has me visualize a hollow body and a shower cleaning out my body. She has me focus on my heart and think of a colour. She tells me to accept the thoughts that are there. Jo Ann massages my neck and shoulders and back. I lie down and Jo Ann does cranial work on my head. Jo Ann massages my feet, my upper chest, and my arms.
Jo Ann tells me not to force anything and to allow release to happen naturally. She asks me to check back inside and see what it is like for me. There seems to be more movement. I have a hard time talking and breathing at the same time. Jo Ann says that I can feel the breath in my pelvis, in my back and sides, and in my chest. Jo Ann says that breath and emotions go together.

Thirteenth Session (Feb. 27, 1988). I enjoy the session and am getting a lot out of it. I discuss the feelings I had when I was in the Delivery room during clinical.

It is scary talking about my sexual self; I feel I need to work on this and talk about it more. One needs character and a sense of humour to ask men out. Humour helps to relieve stressful situations. I concentrate on visualizing what Jo Ann says and describe how massage felt to my body. My body is automatically tense and I cannot stop it. Breathing is hard work. I understand the changes in body positioning and I ask questions about the changes I suggest. I ask Jo Ann to clarify the difference between the two exercises. I describe how the flexpoint exercise feels. I laugh because I am embarrassed. I attribute my embarrassment to the inhibitions I learned as a child. I talk about where I look when I am dancing. I find it difficult to look in people's eyes. I felt very stiff when I was dancing at the beginning of the session. My movements do not flow when I am caught up in how I look. Thinking about things disturbs the continuity and flow of my movements. I talk about how I move in the session and how I feel. I want to see how I look on the video, to see if there is anything I can change. I have forgotten how to do spins. I describe how I dance with men and what I would like to change about this. I am hot; I want to cool off and pose with my body. I describe my perception of my body. It was fun building up my muscles and showing them off. I do not think it is bad to show off. I think there is a difference between being proud and being conceited. I wonder why I am building muscles to show off. I wonder if I am doing this for the wrong reason: competitiveness. Muscles are short-lived if one does not keep at it. Competing is not worth it for me; I only want to stay healthy and in shape, and feel good about my body. I feel sorry for people who get caught up in building their muscles and working out. I do not want to base my self-esteem on my body. I tend to get into the food and look in the mirror to see if the fat is coming out of my body. I cannot say I am skinny because I am so critical of my body. I describe what I was doing on the video and state why body-building is important to me. I feel that I am more acceptable if I am slim. Because of my family, I never learned to share who I was inside, and I was not given nurturing and acceptance. It is sad that I think I am not good inside, but I am starting to learn to like myself. I believe I emphasize my exterior because inside I am not an outstanding person. I am better able to control the physical aspects of myself. I wonder what I achieve in life by losing weight and controlling my body. On the video, Jo Ann and I tried to dance with a different perspective, and I describe how I felt and looked. I want to work on being freer, on dancing without being self-conscious. On the video, I talked about my stepfather and how I feel about staying at my parents' place. I feel guilty and have conflicting emotions about this; I need to talk about it and clarify it in my head. I feel guilty after buying or asking for something I need or want. I feel guilty about spending so much money this month. I feel I should plan, save money, and prepare for the future. I feel guilty that I am able to make it on student loans while my fellow students struggle. I feel I do not deserve what I have. I tend to look for negative things and turn positives into negatives. I have told my mother she cannot take her money with her when she dies, but I wonder why I do not apply this concept to myself. I agree that the statement about not taking it with you is negative. I believe I feel guilty about spending money, looking after myself, and being nice to myself because I am unused to these activities. I talk about why I used to shoplift and why I was a compulsive shopper. The physical is very important to me; I feel I have more control over my physical self than my emotional self. I have been breaking out with pimples and feeling uglier inside. I attribute this to stress, a lack of sleep, and my periods. When people talk to me, I think they only see my pimples. It is difficult to imagine my breath and a radiance through my body. There is a block there, because it feels as if I am saying the words but I do not mean them. I try to force myself to be less critical of myself. I am rough on myself when I realize that I am being critical of myself. I understand that I possess a soft, caring voice that I can learn to use on myself. My concerns about pornography and sexuality have not gone away, but I am uncomfortable talking about them. I wonder if I am only uncomfortable because of the past, since my stepfather no longer gawks at me as he used to. My stepfather has a lot on his mind since his mother has lung cancer. I did not know what to say, but I said I was sorry and told my stepfather that it was O.K. to cry. I feel I have surpassed my parents in terms of my ability to talk about my emotions. I no longer feel I have to try to get my parents to talk about their emotions. I feel empathy for my stepfather and am surprised that he is not more miserable.

I laugh at the Tai Chi movements and wonder what good they do. I verbally acknowledge Jo Ann's instructions and comments about the exercises we did. Instructor evaluations are a good opportunity for me to say what I feel and release my anger towards an occupational therapy instructor I do not trust. I will be glad when this posting at a chronic Hospital is over. I am apprehensive about working there, but I understand that I am just looking into the future and making negative assumptions. At work, I am frightened of running into doctors who have treated me. I am considering being honest with my instructor and telling her about my past. I had expected that working at a chronic Hospital would be the same as living and being treated there. I am convinced otherwise when Jo Ann tells me that it will be quite different.

Doing something physical helps me express my anger. During the exercise I was trying to get away from my anger. My breathing often becomes irregular and tight when I am anxious. I agree that I can try saying something nurturing to loosen up my breathing. I find it difficult to focus on what is going on inside my body, although I am getting better at identifying my feelings. I find it difficult to feel peaceful or imagine light flowing through my body; I get blocked by my negative thoughts. I wonder if I am giving Jo Ann what she needs and agree that I am assuming I know what Jo Ann would like me to do. I want to learn to meditate and become more peaceful inside. I have been reading about substance abuse and how change and stress can cause people to abuse substances. I apply this to myself and how I feel challenged by my clinical work, which causes me to abuse food again. I agree with Jo Ann that I should learn new ways of coping and practice nurturing instead of reaching for food. I talked to a girlfriend about the bingeing I used to do. I used to plan binges. I want to nurture myself instead. I ask Jo Ann to clarify what she said about planning a binge. I do not want to indulge my desire to binge in case it gets out of hand. The notion of planning binges seems contradictory to me; it does not seem like nurturing at all.

Sixteenth Session (Mar. 26, 1988). I tell Jo Ann to look after herself. I feel fortunate because I have not been sick; I am angry when I have to slow down. I used to be so dedicated to working out that I went to the gym even when I was sick. I no longer go to such extremes, after realizing last year how compulsive such behaviour was. I realized that the workout compulsion was making me bitchy and that I had to sort out my priorities. I used to use bulimia as an excuse to exercise. I focused on my physical self because of how I felt inside. People's comments on my thinness made me feel good and made me feel that they were envious of me. Feeling good caused me to lose more weight, but this never lasted long, and I soon went back into the cycle. I gained weight when I went into the program. I no longer weigh myself. I hate the physical effects of gaining weight. I am somewhat aware of what Jo Ann means by planning a binge, but I do not understand it completely. I feel that if I really believe and trust my higher power, it will help me with my bingeing. I went out with friends and was able to have a dessert, which I have not done for years except during a binge. I know a fellow bulimic whose abstinence patterns are changing also. At the first O.A. retreat I went to, the speaker abstained from overeating by only eating what she needed. I could not understand that then but I can see it now. I think of planning a binge, and so I discuss my perceptions of what Jo Ann meant. One of the principles of O.A. is to accept your size, but at first I did not want to. Once I did, however, my body lost power over me and I lost weight. It is difficult to accept my body and I constantly judge it. I am slowly learning that my insides are O.K. I do not yet feel that I love myself, but I am leaning that way. I tend to focus on my physical self as I consider this an aspect of my personality. Who I am and how I feel comes across in my body; if I am unhappy, my movements are limited. I need to look at my body positively rather than negatively. I need to give myself permission to accept myself as I am. I went to see a Grant MacEwan dance production and really enjoyed it. Jo Ann asks why I do not take more dance. I am afraid to let go of my workouts at the gym, although a decrease in my gym time would be a good thing. Dance is not as physically demanding as working out in the gym. I wish that I had danced more as a child. I am angry at what I lost as a child. I am afraid of being a klutz in dance class and was frustrated with a Jazz class I used to attend. I am not sure if I will go back to dance class. I might, since I have more time this year, but I wonder if I will get around to it.

We have finished our postings at school. I feel sad, nervous, and anxious about the coming changes in my life. I received an honours evaluation. I have been looking at things differently during this last week. I am scared when I do something for the first time on the unit. I can hardly believe how aggressive I was in looking for new experiences instead of hiding from them. I agree with my instructor that I have changed. I do not tell anyone about my honours because it hurts them and they hassle me about it. I am only concerned with making it through school. I feel that I give and take when I work with mothers and babies. I wonder how I will cope with the change when I start in a new clinical group. There are some things I have to do for myself, not to myself. When I do not fit into new groups, my old feelings of negativity come back. To cope, I pray to my higher power to help me accept the situation, and I talk positively to myself.

I do not know what to do with my hands. My body posture reflects what I feel (e.g. leaning back shows that I am leaning away from an issue). Tears come to my eyes when Jo Ann tells me it is time to talk about how many sessions are left. I need to start talking to others about my emotions because my sessions with Jo Ann are ending. I have learned a lot about myself and grown so much since I started seeing Jo Ann. I am afraid of regressing once the sessions end but I am glad we can talk about the conclusion of the sessions. I have been going through a lot of exciting changes and know that my life will only get better. I would like to talk more about sexuality if there is enough time.

Having realized she needs help, my mother plans to see a psychologist. I have told my mother how therapy has helped me.

I ask Jo Ann if I am doing an exercise right. I demonstrate it for her and tell her how it feels. Thinking of an orange circle in my stomach area helps me to centre myself. I find it takes practice to remember all of Jo Ann's instructions. Seeing things stimulates my imagination. Jo Ann is strong for her size. We do some pulling exercises. I discuss our respective hair styles and how I manage my hair. I have been using makeup this past week; I think it makes me look nicer but I wonder if it is all in my head. I ask about the movements Jo Ann wants me to do and describe some of the stretches I do at the gym. I was very conscious of the movements of the dancers at a performance I attended. I ask Jo Ann about the movements she shows me. I perform visualization exercises to relax myself every morning. In today's session I did not feel so self-conscious while watching myself in the mirror.

Interview following Sixteenth Session (Mar. 26, 1988). I had uncomfortable feelings at a square dance I went to. My drug problems have been related to social outings, and I have to make changes in myself to beat the problem. I do not drink or do drugs; I do not want or need such things. I am concerned about my brother and his profession. I describe how it feels to have the ball against my chest, and describe the relationship of the ball and my feelings.

Seventeenth Session (Apr. 2, 1988). I greet Jo Ann and talk about what my drink is made of. I discuss the T-shirts that a girlfriend makes. I have been having a good week. I had Monday off. I note the level of noise in the room. One of my instructors did not make it in. One of my patients is doing well, which is nice to see. I catch myself getting on my own case. I went to lunch; I realized I was forcing myself to interact with the others but I was able to stop it. It feels good to tune into myself and stop the bad and negative feelings from draining me. It feels good to take a chance and go to dances. I feel safer going to AA dances than to nightclubs. I like to use my own transportation rather than depend on others. I did lots of things at my mom's on the weekend. I detect a change in myself, in that I am no longer frightened by new experiences but view them as a challenge. I do not expect myself to be perfect; I am learning to like myself and am learning more about myself. I talk about everything I want to do that I used to think I could not do. I am learning what I want and do not want, in a relationship with a man, for example. I have been telling my girlfriend what to expect when she gets a boyfriend, in terms of how she will feel. I am afraid to get involved with someone because of the feelings this will bring up. I am afraid of regressing. I talk about hanging onto a boyfriend. I begin to examine how and why I behaved the way I did in previous relationships. I tell Jo Ann that I dream about an old boyfriend once in a while. I describe what I liked about him. I talk about what kind of person I can be when I work at it. I am slowly getting rid of my negative habits. I am increasingly aware of things I do to myself that make me feel bad.

I feel I need to work on my anger. A situation occurred in which I discussed the anger directed at me with the person directing it. I do not want to say goodbye to Jo Ann, believing I need more sessions. I am starting to allow myself to experience and release my feelings, to look after myself first. I often get angry at people who are not there for me, but I do not express my anger. Expressing one's anger is a good thing. Holding back one's anger destroys the closeness in a relationship. I want to be independent, not alone. I do not want to have anything to do with a certain guy from the program. I was angry because he did not listen when I told him to leave me alone, but I felt no guilt. There are some things I want to say to Jo Ann about how I feel. I know what I need, but I need to hear from Jo Ann that she likes me, even though the relationship between us has changed. I know what I have to do for myself, but I do not need to know anything in particular at the moment. My hurt feelings at the thought of saying goodbye are lessening. Taking risks and having to ask for things is difficult for me, but I believe that taking risks adds to one's life. I am working on accepting my body. Placing too much importance on one's body is not healthy, but I do not know how to make my body less important to me. I have thought of asking God or my higher power for help, but I am afraid that God will punish me. At one point I did accept my body and felt free. The fact that I am still able to become obsessed with my body image scares me; I do not know what the limit to my obsession could be. I agree with Jo Ann that one's feelings inside affect one's exterior. I am learning how the physical, the emotional, and the spiritual affect each other. I feel and look better now than when I was stricter on myself. One of my classes recently focused on anorexia; I could relate to the disease, although I did not suffer the same extremes. I would need to know from my boyfriend if he would still love me even if I gained weight. Change is difficult and scary, even if it is good for one. I feel a need to know that I am the one doing things for myself. Saying goodbye to Jo Ann could be a good time to prove that I can look after myself. I have been looking after myself, but I am afraid I may stop. I talk about what I could do if I felt the urge to stop looking after myself. We talk about the number of sessions either of us need before we stop.

I hurt today, particularly in my stomach. The stomach exercises hurt me. I feel like throwing a plate at the wall, like the Greeks. I am getting better at applying imagery more often, and I think it is helping me. I believe my hormones are screwed up because of the irregularity of my periods. I wonder if this could be due to my exercising, or to cancer.

I describe how Jo Ann's massages feel. My mother goes for acute. I discuss my back and the changes that could happen. I told a patron at the gym that he was doing certain exercises the wrong way. I talk about more movements and how I visualize my bone positions.

I find it difficult to look at Jo Ann directly in a confrontation. I recall pretending I was a dragon and other things. I had a dream in which I could fly; I imagine what it would feel like to fly. It is good for me to be able to describe my feelings about saying goodbye, to get some feedback, and to be able to pinpoint my emotions. It is difficult to ask, because of my fear of rejection. I am unsure if it is the fear that makes it difficult. There is a difference between knowing something in one's head and feeling it in one's heart. I think of the past when I think about saying goodbye. I feel sad when I try to figure out what my heart feels. I wondered what I was going to talk about today, since I did not have anything in particular to discuss. It is to see the growth I have made.

I ask Jo Ann what pain feels like and ask about relieving the pain in my vertebrae. I laugh at myself in a video I watch. I wonder what Jo Ann expects of me. It would be nice to let go of people's expectations of me; their expectations drain me. I want to have a boyfriend because I am tired of being alone. Imagery is a powerful feeling. I was excited and enjoyed a class even though I felt inhibited. I practice eye contact when I have sad feelings; Jo Ann mirrors this behaviour back to me.

Eighteenth Session (Apr. 10, 1988). I am interested in protein and how the body reacts to it. What I do and do not eat concerns me. Jo Ann suggests that I give away an equal amount of food as I consume in a binge. I wonder to whom I should give away the food and why Jo Ann wants me to do this. I question Jo Ann's reasoning and wonder what she is going to have me do with the food. I see possibilities for a food fight. I wonder how long Jo Ann will want me to give away food, both because of the expense and because of how humbling it is. It is interesting, because I choose not to binge because of the expense. I want to control my bingeing and I cannot afford to give away food. I talk about the kinds of healthy food I try to eat. There are certain tasty foods I have cut out of my diet because I do not trust myself with them. I am afraid that if I eat sweets, this will cause a backslide in my condition. I discuss my thoughts, and those of people from the O.A. program, on why I do not consciously allow myself to over-indulge. I express my thoughts on why people who allow themselves to over-indulge do so less violently than those who do not allow themselves this. I agree with Jo Ann's statements that my cravings for food are psychological. I feel stuck in O.A. right now, although I had thought I was doing OK. Indulging my desire for food just snowballed. I always hear that overeaters can never be normal; I consider it very sad that a pleasure is taken out of life. I do not want to binge. I listen to Jo Ann talk about two women who worked out their problems and ask if it is possible to get over one's bulimia. Most people think that once they are in the program, they are in for life. It is a relief to know that I am not tied to the program.

My past feelings are coming up again; I get angry at the way things were. I am unable to let people get close to me, or to have someone near me when I feel like this. I feel I am locked in. I hold the pain, but holding it in makes me come across as superficial.

Nineteenth Session (Apr. 16, 1988). I phoned Jo Ann trying to get a hold of her. The chain came off my bike on the way to the session; I was so angry I wanted to scream. Jo Ann suggests ways to release my anger, such as screaming. I feel very frustrated and at the end of my rope. I feel sad, hopeless, and unstable. I get screwed up when I have to say goodbye to someone, and I use eating as a coping mechanism. I believe I am being punished because I have not been close to my higher self; nor have I been able to get in to see Jo Ann for an appointment. I turn my feelings in on myself; I know what I have to do but I do not do it. I know what I need to get rid of but I do not know what to replace it. I read a book written by a compulsive overeater. I describe how I feel after I eat. I talk about the concept of punishing oneself and how the misconceptions of children are carried into adulthood. The adult part of myself is ready to say goodbye to Jo Ann, but the child part is not. Part of me is very negative. My parents treated us children poorly. I was not allowed to express my feelings as a child.

I thought of not showing up for my appointment with Jo Ann; I wonder why I would consider doing this. I am not proud of some of my emotions. I have conflicting emotions about therapy. I talk about why I want the therapy to continue. I express what the child and adult parts of myself would say to Jo Ann. I question whether the child or adult part of myself controls my emotions. I like to confuse the issue, so I try to please Jo Ann so that she will want me around. I tend to hang on to my anger; some things happened to me as a child to cause me to do this. I felt very alone when my parents separated and I was left by myself. I tried to phone my mother but could not reach her. I escaped reality by reading. I do not picture myself as the child I once was, but my feelings are the same. I remember being scared and unable to call on my friends. I remember being alone, reading alone, going to sleep alone. This should not have been done to me. It hurts. I am angry with my parents for doing a lousy job raising me. I can rationalize why they did it but I need to get in touch with my feelings of anger. I did not have a choice how I lived. I feel that I should show my feelings more but I do not want to. I am angry at having to give up something that is helping me: my relationship with Jo Ann. I am not ready to let go. I do not think I am ready to quit therapy because I still have things to say. I did not express myself when I should have. My anger is really coming out today. I am aware of degrees of anger and of different things that make my anger come out. I want to keep seeing Jo Ann. I think it will be O.K. to keep seeing her this time because I am becoming more independent and working on my problems. I ask if Jo Ann has enough data for her thesis. I talk about possibly paying Jo Ann for therapy so that I can keep seeing her. There is some red tape about where I can see her. I feel that it is important that both Jo Ann and I get what we need from the sessions. I am worried about clinging to Jo Ann, as I did before; I still carry guilt in my stomach from that. I practice talking to my body parts. My feelings affect my body. In this sense my body gives me information on what is wrong with me. Once the thought of saying goodbye to Jo Ann made me feel that God was abandoning me, but now I think this can be an opportunity to let go of the past. Today I learned about feelings I did not realize I was carrying; I feel better knowing why I feel the way I do. I plan to go to the gym this afternoon. I try to avoid my feelings by eating. It is neat to hear my stomach thumping. The gurgling I hear is the draining of the stomach. Jo Ann and I discuss the body parts in the stomach area and how they work. I feel I need to work on my anger in our next session; my throat should be healed by then. I do not like going to the gym when I am unhappy. I feel a need to clean my body of junk. It would be good for me to relax and take it easy. I force myself to work out even when I am tired because my body would suffer if I did not. I enjoy screaming to release my anger and would like to do this again in the future. I hear the anger in my voice on the tape. I was angry because the breakdown of my bike prevented me from coming to Jo Ann for help with my problems. The anger did help me express my feeling that I am being punished. Acknowledging these feelings helps, but it does not solve the problem. The bike incident was a catalyst for my anger. I describe how being dumped as a kid affects me now - I tend to blame myself and to feel that God has abandoned me. There is a reason I do not want to go to the gym today; I have things to think about.

I am concerned about my school marks. I did not get honours, and the instructor explained why. I have had some conflicts with the instructor. She has a problem with the way I sit and this affected my evaluation. When another person reacts negatively to me, I always look for mistakes in myself. I sit differently in different situations; I think my posture is O.K. in spite of the instructor's opinion. I find it difficult to understand where my feelings of anger come from. I am able to get in touch with my feelings through crying. I remember that my mother once gave me the option to leave if I did not like the situation at home, but then she did not let me go. I understand now that this is a double message. I believe the feelings in my family are very confused. My brother was able to express his anger, and I remember a funny incident when he did so. Jo Ann replays the part of the video in which I cried, and I talk about how I looked. It was comforting to have Jo Ann there while I was crying. I understand that I need to express my feelings about the past and work through them. I can understand my parents' actions but I remain angry. I want to talk to my stomach to soothe it, instead of eating to soothe it. I have difficulty getting my stomach to relax. Analyzing why my stomach is tense does not make it relax.

Movement and Verbal Integration (Apr. 16, 1988). I sit in a chair. My feet rest on the legs of the chair; my arms rest on the arms of the chair, palms up. I am all greasy from putting the chain back on my bike. I was so angry I wanted to scream. Jo Ann tells me to scream into a pillow and no-one will hear. Jo Ann gives me a pillow and I scream into it. I laugh. Jo Ann asks what the rage is about. I am frustrated. My food is the shits. It has to do with leaving. I feel sad and hopeless. I hate falling apart when something goes wrong or when I have to say good-bye. I feel unstable. Jo Ann says that maybe it is normal to have these feelings. I cry. Jo Ann points out that when things go wrong, I think that the world is falling apart and I blame myself. I hold the pillow on my lap and play with the kleenex. I feel punished by God. Jo Ann rolls her chair over beside me and asks me to get into breathing. I sigh. Jo Ann puts one hand on my chest and the other on my right shoulder. We talk about my feelings as a child. I feel sad for what happened. I blow my nose. Jo Ann thinks that I push her away. I used to be scared to be by myself when I was a little girl. I cry out loud when I think about it now. I rock back and forth. Jo Ann rubs my back and shoulders and asks what I have on my back. It is the anger that is there at Mom and Dad for leaving me alone and for being irresponsible. My head goes up and down when I cry.

I lie down on the floor. Jo Ann touches my belly and gently rocks it. My stomach feels really rigid, making it hard to breathe. Jo Ann suggests that I make a partnership with my stomach and talk to it, feel it, respond to it, acknowledge it. My stomach lets me know if something is wrong. Jo Ann places one hand under my back and one on my stomach. Jo Ann massages my hip and pushes on my belly. Jo Ann pulls up on my back. It feels tight. We talk about the sounds in my belly. Jo Ann says gurgling is a sign of positive change. Jo Ann shows me where the drainage valves are on my body. I sit up crosslegged. I lean back on my hands and then lean forward on my head. Jo Ann brings an anatomy book and we look at anatomy pictures. We talk about massaging the valves to bring a release. I lie down and massage my abdomen. It feels weird. Jo Ann says that I must be relaxed in my stomach in order to feel the valve. We both stand and Jo Ann demonstrates making sounds that go up the body. In the lower pelvis, the sound is "oo," "oh," "aw," "a"; in the throat it is "ee"; in the jaw it is "nn"; and in the sinus it is "mm." Jo Ann tells me that the sounds resonate with the breath and are used for alignment. They help the energy in the body. It is a good warm-up for the throat and helps the scream come from the lower belly instead of the throat.

Twentieth Session (Apr. 23, 1988). I do not feel very good. I feel a need to study; I have been having trouble with my schoolwork lately because of an inability to concentrate. I cannot cope with some of my feelings, so I eat instead. I eat because I do not want to do my homework. I feel as if I want to slap myself and then hug myself. I remember how I used to eat junk food as a temporary pleasure, to release my tension. I realize that this habit continues today. I still feel worse after I eat. I have other options for dealing with my tension, but I do not use them. I have no place to store pillows, which I could use as a tool to manage my tension, but there are other things I could use instead. I feel edgy. I do not know what to do when I am tense. I tend to fight my feelings of anxiety or else allow them to control me. I read a book about a compulsive overeater that counselled me to accept my feelings. I am angry at my higher power because I feel it has deserted me. I practice pushing someone away, but I am not sure who. I am angry at all of the misery, pain, and unhappiness in my life, when all I want is a normal life (not the one I have). This session is hard work. It is frustrating and tiring to fight against my feelings. I eat because I do not know how else to cope with my feelings. I cannot see past my problems and I do not know how to get past them. I do not think of solutions; I just try to get away from my problems. I wonder if I should face my problems and get in touch with them through physical motions. I get in touch with my feelings of sadness through writing; it feels good because I have not done this for so long. I feel I need to schedule relaxation because if I do not, I will not get anything done anyway. I want to do more in life than try to get things done. I am frustrated at having to know so much for school; I agree that I have to keep a sense of humour about this but I wonder why I do all of this studying and work. Last year I fell into the trap of doing nothing but work, but now I know I need to force myself to take time off, to schedule fun and not plan every minute. Although I recognize the necessity of taking time off, I feel that I have to buckle down right now. When I have to do something that I think is a waste of time, I get angry and cannot concentrate. I express the point of view of the part of me that demands work and the part of me that wants fun. I can picture myself having a life balanced between work and play after Jo Ann suggests this. I role play what I like to do in terms of work and play. I imagine different parts of myself telling me what I need to do. I expect everything of myself; it is hard to do it all because I can only go for so long before I burn out. I am afraid of the consequences of letting go of some of my expectations of myself. For example, if I stopped working out, I would get fat. I feel shame and guilt if I do not work out. I have not been working out because the food I have been eating makes me feel crappy. I have high expectations of my workouts and have been comparing myself to others in the gym. It is easier to go to the gym when I feel good emotionally. I tend to anticipate the future appearance of my body or my future emotional condition rather than be happy with myself right now. I realize that I emphasize my body image instead of my feelings, in the hope that the condition of my exterior will make up for my interior, which it does not. I expect things to be perfect and am dissatisfied when they are not. I feel drained from struggling against my expectations. This last week has been quite unbalanced and I feel as if I am asleep. I describe what it feels like to be physically balanced. I want to remain balanced and keep feeling good when I leave this appointment. Right now I do not feel balanced. I want to do something good for myself and let go of my perfectionism. I read Jo Ann a poem I wrote about trying to phone my mom. The poem describes my feelings before I became interested in books. It is easier to write about my feelings than about something I do not care about.

Twenty-first Session (May 7, 1988). I have lots to do, but I am not doing so wonderfully. I realize that I miss talking to my girlfriends and other people while I try to get things done; I have been feeling terrible about myself. The thought of doing homework makes me sick because I want to go out for a change.

My moods have been making me waste time and be unproductive. My lack of concentration panics me when I realize that I have so little time to get things done. I look forward to getting out of residence because everything I am coping with is making me unhappy with my body, and I am afraid of what others will think. I know I am placing too much importance on the physical but it still brings me down. It is a bother because I would enjoy myself more if I were not unproductive or did not worry and eat. I am sick of being this way; I want to enjoy my time instead of going overboard. I do not feel acceptable unless I am as physically fit as before. The way I feel is affecting the way I think. My weight problem is just a symptom but it is important to me. I feel I judge myself when I see myself in a mirror. I wonder if I can hang in there in spite of all my negative emotions.

I need certain things or situations to look forward to having. I remember an incident when I was laughing at myself. I like to laugh at people's humanity, expressions, and so on. I am unable to laugh at myself all of the time, but I am still able to see humour.

It is draining to try to interact with people when you do not feel good. Keeping distant from most people gets lonely, especially in the gym. It makes it hard to go to the gym. The reason that I do not know how to respond is partially the other person's fault; perhaps it is because they are egotistical, quirky, or young. I do not like having to be a certain way to fit in. It holds me back and makes me feel pressured when people expect me to continue the acquaintance.

My moods have a lot to do with my interactions with people and their interpretations of me. I do not know them well enough to tell them where I am at and why I act this way. I also hold back from people I know. I have been this way for years; I do it to protect myself, even though I want affection. It is O.K. to reach out when you feel good, but people do not want to hear that you are feeling bad. Aloneness and the little things that people say and do make me feel that I deserve to feel bad. I do not deserve friendship because of my moods. I know my actions hurt people but I cannot reach out, and so I deserve friendlessness.

It is frustrating never knowing how I am going to be. I was more level and confident until I had to face saying goodbye to Jo Ann. I think about things that can comfort me at times like these. Jo Ann has taught me much, but when I feel this bad I always choose the worst way to cope.

Without realizing it, I may be prolonging my illness in order to avoid saying goodbye. I wrote a letter to my mom that fits the situation; it was hard to write. I read the letter, which is about what hurt me in the past. I want to tell my mom personally, but my mom does not want to hear it and turns away.

As an occupational therapist, I realize my upbringing was wrong. I would not make excuses for the upbringing of others, as I do for mine in order to justify the way I feel. For example, I always want to hear my mom admit that she did the wrong thing in order to justify the way I feel. I speculate that this is not an easy thing to judge, but if our positions were reversed, I would feel guilty about the past. I have learned through past family interviews about the amount of anger I have; I have also learned that it is not good to bring up the past because it causes tension and bad feelings. I feel it is my fault for bringing it up. I have to work on letting it go because of the influence it has on me, such as causing physical ailments that bring me down.

I express feelings in my movements; negative is louder, positive is lighter. I have to get rid of all the sugar and eat normally. I do not know what to do with these feelings and frustrations. I can see the sunshine and warmth in my head and I want to bring it to myself. I deserve it and want it.

I get mad when I cannot have something but I do not allow that anger out. I get mad at people who expect me to do things I do not want to do. I want to balance, eat right, exercise, socialize, and live, not just do homework. It is too long (five years) until the end of school, considering I am sick of it now.

I could make an effort to get rid of what bugs me by putting it aside for a day and taking time for myself, but this is not possible because of my course load. I know I need to achieve balance, but I am scared that I am losing that drive. I do not know what I will do if I lose it because it is hard to replace. It is good to change when you get bored, but what I do is good for my body and results cannot be replaced. It is not the physical activity that holds me back; it is the negative thoughts I have while I perform the activity. When I start feeling negative in the gym, I go to an empty room. The music is rotten there. I feel uneasy when I think about not working out. Working out is part of my identity, and I need it. There is a purpose to working out, but I am questioning it. I work out to keep in shape, not to compete. I am cutting down to three days per week because of my heavy schedule.

I can stimulate my body by visualizing working out in my mind. I need to get my body in shape before I can cut back and use visualization. I wonder what visualization can accomplish.

When I am around people with whom I do not feel comfortable, I do not like to be different. I do not like to feel that I do not fit in. It makes me turn inwards. I have always thought that I was different and abnormal, but now I am beginning to perceive myself as unique.

I worry that Jo Ann will get annoyed and think that I am clinging to her and need continuous reassurance. I wonder if I am being too demanding of Jo Ann's time and have to cover up by being extra nice. School was never easy but I find that I can do it even when I am terrified. It makes me feel good to know I can do it.

It is nice to do things someone else takes for granted and do them well. My instructor has been helping me by making demands that force me to learn.

I remember an incident that makes me sad and emotional when I talk about it. If I truly am healing, I wonder why I still cry.

I give reasons why my mother did what she did. I ponder how I can get for myself what I did not get from my mother, how I can learn to give, how I can learn about others. I try to remember how it was when the family split up, how confusing it was, and how the anger screwed me up. I remember how my parents acted in terms of body language. I imagine what I would do to make them listen, and what I would say. It is hard for me to picture this because I feel like a kid doing it, or how I imagine a kid would feel.

I need unconditional acceptance of the way I am all the time. No one has expressed this acceptance to me, but I have done so to others. I have never wondered whether they are as evolved as I. This acceptance is important to me. I do not know how others think. I think that if I act a certain way, people will leave me; but I also think it is silly to think this way. I think I need to know a variety of people. I know myself so I do not need another person there to stay by me.

Work and school are too much for me. I do not want to work all summer. I am glad to say that my head is in my books, not in the sand. The world will not fall apart if I take time off.

Twenty-second Session (May 14, 1988). I am getting scared and wimping out. I wonder if I will have to give up or fight in response to something Jo Ann has said. I am angry at my fatigue. Being hurt really drains me. I think that Jo Ann may as well give up on me.

Talking to Jo Ann gives me hope that things will work out. Not letting out my anger makes me frustrated and tired; punching the bag gives me energy. Where does it come from? I learned how to feel negatively about myself from my parents. I cannot change because the changes do not last. I must accept my feelings. I have a hard time vocalizing my feelings. I discuss what "controlling my feelings" feels like.

Twenty-fourth Session (May 27, 1988). I greet Jo Ann and chat. I am doing as well as can be expected, not wonderfully. I tried to take time out each day to feel, but it was hard and did not work. Comforting myself worked for a while but I could not bring the comfort back. I have not felt good or healthy inside for quite a while. I had hoped that I could feel so I could get on with my life. Finally accepting something was a relief, but I do not know how to do it again. I felt good about talking to a friend, but I shut it out. I feel like I am going backwards. I am dealing with issues from the past, coping mechanisms and learning about myself. I have not accepted the dark side of myself; I do not show myself to others as I see myself. I do not like myself. I would be very angry if all of this pain were for nothing. I would be mad at myself; I have only myself to blame.

I respond to a group discussion on how each person handles anger. I explain my thinking that my feelings must always be justified.

Going back to school took a lot of courage. Doing things in spite of my fear makes me feel better. It is doing things that gives one the benefits and makes the difference, not just talking about it.

I do not know why I hang on; I do not know what hurts, nor what I am mad at. I have learned in the past that it is not O.K. to get angry; my reasoning was that I should accept my anger. I am angry at my mother and stepfather for inviting me over and then acting like I am unwelcome. It is too late to tell my mother my feelings about this because she would probably throw them back at me. It would be nice to talk about my feelings to my mother and stepfather, but they will never be accepted or understood. I have no hope that my parents will change. They can take care of me but never comfort me, and so I hold back.

I have to grow up and learn not to depend unhealthily on Jo Ann. A perfect life would be nice but it is not possible. I am striving to be comfortable with myself. Experiencing so much stress does not leave me much time to focus on myself; I think this is good for me. I make myself do it.

[Meta comment: D is struggling with not getting enough caring from her parents. She transfers this onto the therapist.]

My parents did not give me what I needed. I feel anger at them for not trusting me with their car. I get tied up over their reaction and start to think that they are right not to trust me, even though I know the problem is theirs. I make knots for what bothers me. I am glad my father lives on the coast so that I am not close to him. I am still angry with him and blame him. This hurts me.

When I watch TV, I think that I may have to find what I need (family-wise) in other people. I fear being unwanted, unliked, or unloved.

I am waiting for my self-esteem to come up before I tackle things. Things go from one extreme to another; it is hard to find a middle ground. I want to depend on other people, but not to the point that they start carrying me or telling me what to do. I recognize that I have to open up in order to find close friends. I recognize that I shut others out, and remember how I feel when others shut me out. I can develop friendships now, so my life does not have to be the way it was when I was a kid. I need to accept where I am at. Wishing will not change my life; change requires work. Thinking about what I want wears me down; so does asking myself what part of myself needs work.

I hate the negativity of the "should voice." I think about my pending job at a major hospital, my studies, and my work experience. I hear tears in my voice when I think of doing nurturing things for myself. I think of my presentation for school, a seminar participation. I wonder how to get in touch with angry feelings when I do not feel them. I have to work on their roots.

Everything builds up into one huge knot; it is hard and takes so long to figure out what is what. The knots keep coming back to my mother, father, and stepfather. I am becoming aware of my anger towards my father. Keeping things inside makes me angry and miserable. I have a self-warning-protection as a coping mechanism.

I wonder how long a relationship will last or stay the same. Change frightens me. I have to feel fear and cope with it. I talk about the work I have to do for the seminar.

I look like a little kid. Both Jo Ann and I are telling myself that I am a survivor; survival is important and it takes strength. I want to have an enjoyable life and not just cope. I recognize that I do help myself, but I still push help away. Hate is a strong word. I need to listen to myself when I start on the "shoulds."

Twenty-fifth Session (May 31, 1988). I clarify the movement instructions. My back is sore because I have just been lying around and holding a lot of feelings. I think about where the pain is coming from and how I can get rid of the pain. As Jo Ann works on me, I talk about how I feel. What I ate does not help. Emotions tie me into knots and it hurts, like getting your hair pulled. My stomach sticks out when I try to relax, and I become self-conscious of it; but holding in the stomach creates more pressure in the body. I ask for clarification of movement instructions.

I talk about what I did at my seminar. It is hard to tell Jo Ann where I am at. I wonder if I need to seek other help. I wonder how Jo Ann will respond to my thoughts and what she will think.

I always take the negative view and do not think positively. I am negative about my bike; I think that the repairman is out to get me. Healers or people who have experienced pain have more empathy for others in pain. I am not well, but I want to help others. I think that dancing my sadness will not work. I am unable to get into dancing (like African culture). I think of it as a way to control my body. I experience enjoyment when I am in tune with my body.

Twenty-sixth session (June 4, 1988). I have been eating but not bingeing, although I have felt like it. I want to eat but I make myself stop. I am uncomfortable with these feelings that have been coming up; I dislike them. I analyze why. I do not trust my group enough to tell them what I am going through: things like my periods, gaining weight, and the correspondence from my father that made me angry.

An evaluation for final posting was made. I think about what was said and my interpretation of it. The new posting and facing things in therapy have put me under stress. I have been explaining the change in me to others. There is physical evidence of my low attitude about myself. There are physical side effects of not feeling right, such as being bitchy and unable to relax. I wanted to be alone, but a friend kept interrupting me. I verbalize to myself how I would tell my friend to leave me alone, if I had enough courage to do so. I am unable to express bitchiness. I do not like being bitchy to others.

One girlfriend told me my bad points; another told me she likes me because I do not complain. I do not want to turn the negative into a positive. I think about how the negative stays in one's body, and how bitchiness has a negative effect on friendship. Other people do not want to hear bitchiness.

My parents accept me. According to a teacher, it is not normal to have well-behaved kids. I have a strained relationship with my sister's kids compared to my friend's kids. There was a difference between me and my sister's orderliness as children, a difference in our movements. I would help my sister to relax.

I want more time to do things for myself. I am negative because I have to study. I have decided to go ahead and do the things I want to do. I like and accept myself when I just do things.

A funny incident happened on the way to a barbeque on the last day of school. I felt distant during the barbeque. I remembered being this way as a child. I forced myself to be outgoing, but I could not pull it off. It was hard to force myself.

I shut off the tape. I am irritable and do not want to listen to Jo Ann. I have been unable to visualize my self-help tape message. It has not worked for me. I have been feeling angry and frustrated. I have not been getting in touch with these feelings. I would like to be better by Monday.

I am feeling the effect of stress day after day. Stress changes how I feel. I realize what it does to me. I am just tolerating the last five weeks of school. I squeeze my hands to alleviate stress.

Twenty-seventh Session (June 9, 1988). I sit in a chair and wiggle my toes. They feel like sponges and look very white. My legs bend up on the chair; my left knee is up and my right knee is down. I rub my eyes and play with my hair. My hands fidget with my feet. I spoke up for myself when a weird guy was looking at me and making me feel uncomfortable. I am sick of my routine in the gym. I do not want to go anymore. I thought I would do some power walking and some stretching. I play with my hair. I hide my face with my left hand. I am in a strange mood today. I dread working at the hospital. Jo Ann sits crosslegged and mirrors my tension. I project negative scenarios on the future. Jo Ann suggests that I imagine something good rather than something bad. Right now I feel drained from being depressed. I lean back almost *horizontally* and cross my feet on the heater. My hands rest on my belly. Jo Ann sits crosslegged and grounds the energy. I feel that I am very picky. I always find something I do not like in a guy. The guy I see right now is skinny and I do not like his hair. I rest my hands on my head. His hairstyle is old-fashioned. I play with my hair. He has a nice personality. Jo Ann tells me that I could use constructive criticism. I am afraid that I will get to the point where I do not want to see him anymore. I sit up, cross my right ankle over my left thigh, and hold my right foot. My left hand plays with my foot. Jo Ann shifts her position and wiggles her foot. She mirrors me. I talk about all the questions that come up for me about relationships with guys. What if I do not like him and he likes me more? Jo Ann says that I cannot force feelings that are not there just to please the guy. It would not work. On the other hand, something might shift and we could become closer. Jo Ann and I sit on the floor. I extend my legs out and lean back on my hands. I want to experience more peace in my life. Jo Ann massages my feet and toes. They are a little cold. We pretend that we are at the beach. We listen to Lionel Richie. Jo Ann wiggles my leg back and forth. She tells me to "bliss out" and imagine the waves at the beach. It is time to stop thinking so much. Jo Ann sits behind me on the heater, massages my shoulders, and rocks me. She tells me to imagine a vibrating lawn chair. I clasp my hands between my legs. "This chair is pretty good," I say. We stand up and walk on the beach in the sand. I rub my feet on the floor as I reminisce about how sand feels on the toes. We walk around in a circle. I wish I were on the beach. I like to walk around and pick things up. I like to walk in my bare feet so long as it is not too rocky. I swing one foot across in front of the other. I like it when it is kind of cloudy and nobody is on the beach and it is peaceful. Jo Ann and I walk and swing our arms from front to back and then from side to side. I tilt my head from side to side. We talk about Tom and Jerry, the cat and mouse cartoon. I think I may have hurt my lower back. I feel pain when I do leg lifts. I think it is from tension. Jo Ann massages my lower back. She says my right shoulder is higher than my left. I see that in the mirror. I twisted my back when I lifted a heavy weight. I lean to the right side, dangle my right arm, and imagine my hand has a weight on it. Jo Ann says that this starts the shoulder relaxing. We dangle on the other side. Jo Ann suggests that I see a chiropractor. I lie on my back and Jo Ann does cranial work on my head. I rest my hands on my belly. Jo Ann works on my neck and shoulders. She rolls my head to the right side. I lie on my stomach. One of my arms is up by my head and the other rests by my side. Jo Ann says my shoulder is very tight. Jo Ann massages my spine, sacrum, and belly. I lie on my back again. Jo Ann does cranial work and then massages my feet. She rocks me from my belly. I like relaxing outside and watching people. Sometimes the talking is the problem. It gets me more down. I try to figure out why I feel so crappy and when I think about it, I feel worse. Jo Ann says that the thinking stops me from enjoying my body. I need to take a vacation from my mind. Jo Ann wiggles my arm and massages my hands and fingers. That feels neat. When I was at my sister's, I ate ice cream. I felt like it, so I did. It is neat that I can have these things now and then and be able to stop eating. Jo Ann says that I nurture myself. I roll to my side and curl my knees up. I get on my hands and knees. I alternate *arching* and curling my back up like a hump. This stretches out my back. As I arch, I move forward; as I curl, I lean back and my head drops down. I breathe with the movements. I curl up on my knees. Jo Ann tells me to feel the length of my back. I stand up and roll my back up straight. Jo Ann kneels on the floor and demonstrates how to bring my knee straight out in front, parallel to the hip, so that the foot is flat on the floor. I kneel down and try it. I wobble from side to side. My co-ordination is off. I keep falling over. Jo Ann holds me around the waist and tells me to let myself go off. I fall over to the right and then to the left. Jo Ann tells me to play with it, saying that it is unwinding. The problem is in my lower back. I look at my shoulders in the mirror. There is still a difference between my shoulders, though they are a little better. Jo Ann says that the front of my shoulders (the pectoral muscles) are a lot more relaxed. She rubs them gently. Jo Ann says that my lower back has tilted me a little to the left and so the right side comes up. My left shoulder needs to strengthen. Jo Ann tells me to breathe into it and relax it. Jo Ann holds me while I breathe.

Twenty-eighth Session (June 14, 1988). I think about a cut I have. I get a panicky feeling because Jo Ann is not in her office. I think the worst: abandonment. The panicky feelings are deeply ingrained; they happen whenever anyone is not there when they should be. They come from my assumption that I did wrong and the absence is my fault.

Clinical is going O.K., even though I am scared. A man is interested in me; he brought me roses. I am flattered and scared by his attentions. I have been generally anxious about being around people lately. I feel good about getting flowers. I am fearful because I have not been involved with a man for three years. I wonder if he will accept me.

I think about a patient waiting for surgery. I think about wanting to go out with this person, getting through the fear, perhaps taking a chance. I feel sadness for my loneliness, for my fear of reaching out to people, and for what I have been missing. I am scared to think of letting go and saying goodbye if K ends up not liking me; I fear not knowing who the right guy would be. I am fearful of getting close to other people or letting them know me. I do not want to depend on them or play games. I feel guilty for feeling guilty and it brings me down.

Bringing things up in the sessions takes the pressure off me. I want to recognize my feelings and not put myself down. I relate my experiences to those of other women. I reflect upon how judging myself makes me feel worse.

K did not spell my name right. I recognize that maybe he is nervous too. I enjoy the attention from the other occupational therapists because of the roses, and wonder if they were jealous. I think about how I feel now because of K's attention (bashful, shy, smiling, flattered). I role play what I would like to say to K about his age. I like the fact that he is older than me. I try to visualize how I am going to act.

I think about how I can let go of all the planning and the imperative to be in control so that others cannot hurt me. I consider what partial control is (give and take). K does not seem domineering. I want to learn how not to plan my life or my relationships. I realize that worrying makes me a nervous wreck.

I cannot help looking after Jo Ann a little bit. I find it hard to get close to my father because of his moods. My father figures are not helping me to know men. There was an old boyfriend that I cared for and enjoyed. During the relationship, I realized that I was incapable of loving. I did not allow myself to be myself around my last boyfriend. I lost interest in his company. It was hard to break it off, but I knew I had to. I want to be who I am. I am comfortable around men until they want a relationship. There was a guy I had a good friendship with until he got married. I feel threatened when I am sexually involved. You may lose a person if you get close.

I fear being accepted. I do not jump into bed right away with men. I want to be courted. I think about what it was like to sleep with a guy right away. I talk about how I want to be courted. I avoid courting by going to bed with a guy right away.

I am excited and scared about my new relationship. I phoned K, a new male friend to talk and plan a date. I thought to myself, I have a weekend appointment with Jo Ann. I am having a hard time getting in touch with my feelings. I feel distant and depressed; I am tired of feeling this way. I felt lonely on the weekend but I did not want to be around anyone. I wanted to see Jo Ann because I was depressed.

I talk about what my stepfather thinks I should do and believe in, what he sees in me. I make a decision to stop myself from overeating. The urge to eat is less strong than before. The sugar from bingeing should be through my body by now. I bought a coffee mug to "anchor" my decision and remind me of it every day. I find something to work on to keep my hands busy. I daydream when I look at my picture on the wall. I do not like my view at residence; it is not the kind of view I want. There are no trees. I am content in Jo Ann's office; I feel content and relaxed.

Twenty-ninth Session (June 26, 1988). I bring my binge material to Jo Ann as treats for everyone. I think about why I binge, how I feel, and what I do to help myself. I am not happy about my bingeing. I have been reading what I wrote while I was in a binge mood. Given how I used to cling, I wonder if I am staying at a standstill in order to keep Jo Ann seeing me. I do not think that it is clinging when Jo Ann hugs me. I do not know how to stand during a hug.

Clinical has me worried. I am being too serious. I want to lighten up. I close myself off and miss things. I need to be flexible and do things right. I paralyze myself trying to work out loopholes. I do not want to push myself to the breaking point. I do not want to take an office job just to avoid stress or problems. I worry during clinical, which adds to my stress. I visualize the day going right and think about what I would do if I injured a patient, how I would heal myself. I try not to put pressure on myself for one day, and I find that the worst I thought could happen did not bother me much. I do not force myself but find that I still feel good.

Other people's expectations make me nervous. I have to review my studies but I do not want to. I want to have a good cry instead. I wonder if I hold myself back. I think that the wondering is good for me.

I do not blame myself as much for the aloofness of a friend. We talked about the differences between us, wondering why we think the way we do.

I have been breaking out because of my hormones, menses, and bingeing; I want to cure my zits or make them go away. My medication made me break out while I was in the hospital. I feel angry at my appearance. My mother picks at my acne. I am irritable with my mother when she phones. I have given up hope that my mother will change and be there when I need her. I have never been close to my mother because she is a fanatic. I have certain mannerisms because of her. My mother's expectations of me put me on the defensive. At Jo Ann's suggestion, I am doing an experiment to see if I can find out where my mother's head is at. I have been defensive and have said things to my mother to make her feel bad in return. Acne can be seen as a way that emotions come out; the emotions are held in and then affect the body's skin surface. I do not know why emotions hang on to body parts while I try to hold myself together.

I have been trying to find an exercise or some other way to loosen myself up. I think about what physical feelings I experience and what emotions make me clench up.

I think about the way I walk, the ways I try to imitate other's walks, and why I do it. I think about or imagine the word "twinkle." I become aware of what I expect from my mother. I am into my thoughts today. I try to put my mind to a better use than wondering about my mother. There is a comedy show on TV. I have been freaking out on the unit. I am serious about work, but I expect myself to be amiable with my co-workers. I am the second oldest. I think about how my body felt different after doing the walking exercise Jo Ann gave me.

"Twinkling" comes before doing something fearful. I ask Jo Ann and my occupational therapy instructor for instructions on performing some tasks so that they will be less frightening. During the sessions, I have been talking about what I think I should be doing in others.

Lately I have been thinking that the key to getting better is to get angry. I do not want to see K because I do not want to subject myself to turmoil. I feel normal except for those feelings that make me feel different from others. When I get better, I want to help others. I am anxious about failing school. I do not want to go to school. I try not to think about school because it is going to get harder. I want to control things because as a kid, I was not looked after emotionally. I do not know how to look after my own emotional needs.

I must watch that my emotions do not get hurt if K does not stick around. It is hard to get to know someone when I do not trust myself, when I feel anxious and scared. K likes to do things I do not do much anymore. I want to do them, but I feel I cannot.

It would be nice if Jo Ann were my mother as well as my therapist. I brush off the child part of myself. My furniture was left at my grandmother's after she died. It is a burden to look after it. I am selling things I do not need because I do not want to be tied down. I am learning to depend on myself. I feel anger about being forced to move out of my parents' house and look after my possessions.

Thirtieth Session (June 29, 1988). I sit in the chair. My left foot is on the chair. My left hand rests on my foot; then my hands rest on my left knee. I fidget with my hands. Jo Ann sits with both feet flat on the floor, grounding. Her hands are on the arms of the chair. I have moved to a new apartment and am happy to have more space and privacy. I feel more confident with my patients. The basic stuff is starting to come to me. It feels good. I have always felt awkward when I do basic things with the patients. After the last session with Jo Ann, I decided to do some movement instead of going to the gym. Things started going really well at clinical. There is a change. Jo Ann comments that I am in an energized state and that I am dressed in shocking pink. I touch the legs of my shorts. I tell Jo Ann about my clothes. I lean my elbow on my left knee and rest my chin on my arm. My right leg is bent on the chair. My mother criticizes my clothes, even though other people comment on them. Jo Ann asks me what my body feels like. I shift my weight. It feels O.K. Jo Ann and I walk around in a circle. My back does not hurt and there is no tension in my shoulders. I lift my shoulders. I put my hand on my hip and on my neck. Jo Ann suggests that we express what getting through occupational therapy school is like. I hold my watch with my right hand and twist my left forearm back and forth. I clasp my hands at my chest and hold my elbows out. I get up early and study and work hard all day, run to the gym and work out, and then go home and study.

Jo Ann picks up a piece of material and twists it. I take one end of it and Jo Ann tugs on it. We continue to walk. No days off, just do it, do it, do it, and then I find out at the end that I pass and do not have to worry about it anymore. Jo Ann and I swing the arm that holds the cloth. Then freedom in the summer and graduation. We turn and walk the other way. Both arms swing. Jo Ann says it is like winding down. It is hard to let go of forcing myself into a workout schedule. I am scared to let go for fear of getting fat. I still look after myself. Jo Ann lets go of the cloth. I play with it. I stretch it out in front of me. I tie a knot in one end. I hold it with both hands and stretch it with tension, above my head and behind my back. Jo Ann mirrors my movements. I lower one arm and the other arm stretches above my head. I alternate arms. I talk about a silly parade. I stretch out my back. Jo Ann asks me to bring the stretching movement into my legs. I stand and shift my weight from side to side; I bend one leg and then the other. My arms stretch above my head. Jo Ann says that I am aware of my feet. When I bend towards my right I can feel something in my lower back. Since the last session, I have become more aware of how my back feels. Jo Ann and I stand and look at my shoulders in the mirror. The right side is still a little high, though it is not as bad. I lean over to the right side and let my right arm dangle loosely. This is an exercise Jo Ann taught me. Jo Ann smooths her hands down my arm. She mirrors my movements. I do this on my other side. I swing my arm from front to back. Jo Ann suggests that I move my arm back and forth away from my thigh. Jo Ann jiggles her hand and I copy her. I do this to relax my arm. It shakes up my arm. Mom leaves today and I teased her about treating me like a little girl. Jo Ann says that it is hard to let her go. Jo Ann suggests we do a hip swing with our legs. Jo Ann stands on a telephone book and swings her other leg. I do the same. It feels good to do. Jo Ann says that it works on my alignment and positions my hip joint; it will help my back. Jo Ann says that it is good for the power walk. The hips will swing through without any strain. I walk diagonally across the room to show Jo Ann my power walk. Jo Ann says that I lean back. Jo Ann tells me to think of the upward hook and of a string coming from my chest. I practice walking and thinking upward. Jo Ann walks with me and pulls up on an imaginary hook. I walk and imagine that I am being pulled by an imaginary string. Jo Ann pulls the string. I feel as if I am in modelling school. I walk and focus on my arms; my fingers curl. Jo Ann shows me how to hold my hands so that my thumb touches my fingers. She says that it is a technique to get energy. Jo Ann suggests that if I relax my muscles as I walk, I will have more energy. I walk and focus on my feet, as if I had a wheel at the bottom of them. I walk slowly. Jo Ann reminds me to scoop up along my spine. Jo Ann runs her hand along my side to give me a kinesthetic cue of my spinal curves. Jo Ann helps me to scoop up with her hands. I adjust my pelvis. I lean back because I try to hold my shoulders back. Jo Ann says that I overcorrect in my back. It feels lighter when I lean forward. Jo Ann explains how to drop the tail, release in the sacrum, and scoop up. I have a hard time with the scooping up part. Jo Ann demonstrates the proper hip and foot alignment so that the feet will be firmly on the ground. Jo Ann tells me to do all this, breathe in deeply, and then forget about it. I ask how I look and Jo Ann says, "looks good." I walk and relax. I do not lean back as much. Jo Ann tells me to breathe more. Jo Ann says that the tension in my shoulders is coming. I look at myself in the mirror. Jo Ann tells me to walk on the spot and let images flow through my mind. I flick one foot forward and then the other, alternating. My shoulders and arms swing gently back and forth. Jo Ann tells me to notice where I feel freedom and where I would like support. I shake out my hands and my head. Jo Ann stands beside me and models walking with her arms and legs parallel. That is weird. I copy her. Now we walk with our arms and legs in opposition. I have to think about that. I laugh. It is hard when I think about it. Jo Ann exaggerates walking with foot and arm in opposition. I copy her. We do a soldier walk. Jo Ann says that the purpose of this exercise is to get the dominant side of the brain working. Jo Ann puts her arm around my shoulders and we do a chorus line. I laugh. I synchronize my movements with Jo Ann's leg movements. We jump and kick our legs up, alternating legs. We pretend to be in the Rockettes. I show Jo Ann my jogging. I run with a flat foot, not from heel to toe, as I do in the power walk. Jo Ann shows me foot exercises. We sit on the floor and extend our legs in front. Jo Ann tells me to lift up in the pelvis and sit up straight. We flex our feet and bend our knees; then we straighten our legs and point our feet. We rotate our feet in and around. I find it hard to sit up straight. My back needs support. It is not comfortable. We sit crosslegged and Jo Ann explains how to sit up and out from the hips. We lean forward and breathe out. The breath helps to release in the hips. We lift up, turn in the hip, and curl over one knee and then the other. It feels O.K. I wonder if I turn enough in my hip. My left cheek comes up when I go down. We lean forward, look up, and arch our upper backs. We lie on our backs. My leg goes up to the side and my knee bends. I extend my leg in front of me; I flex my foot and then point it as my leg comes down. Jo Ann tells me to feel the hip joint stabilize on both sides. I can feel my leg muscles. When I bring my leg in, I feel my stomach tense. Jo Ann tells me to let myself release. When I tense my stomach, I do not breathe as well. Sometimes I get confused between the flex and the point. Jo Ann explains that I should lift up from the back of my leg as I come into the flex. Jo Ann moves her hand up the back of my leg. I feel a tightness in the back of my leg. Jo Ann tells me not to push it. I stretch my arms above my head. We stretch one arm and then the other. Jo Ann tells me to move as it feels right. I stretch my arms out to the side, bend my right knee up, and move it from side to side. Jo Ann watches me. Jo Ann shows me how to do a pelvic rock. I curl my pelvis up off the floor to a flat position. I relax one side of my pelvis and then the other side. We rock our heads from side to side. I feel a burning sensation when I let go on the right side. I squeeze my knees gently to my chest and rock them from side to side. This rocks on the acupressure points. I rock too far and almost fall over. We let go of our knees and I roll my knees around from side to side. I laugh as I do this. It feels good. Jo Ann says that it is a way to massage the lower back.

Thirty-first Session (July 5, 1988). I have been unable to sleep. I like how I look and sound on television. I feel cared for by K. He accepts me all the time. The depression comes less often now; I have not cried in quite a while. I think about how I feel when I have a good (happy) cry. I feel secure; I am not jealous of K's ex-girlfriend hustling him. K has been doing nice things for me. I want to do nice things for him and for myself. I like the "monster." Watching myself get angry on TV makes me feel angry and guilty now. I have been short-tempered with my mother. I have a hard time getting mad at her and expressing my anger at her now for being who she is. With K, I do not need my parents now. I do not understand why I am angry at them when things are going well for me. I am enjoying happy stress. I am angry at my parents because they have not given me what K is giving me; that they did not is their shortcoming.

My mother admonished K for letting me drive his car; she would not let me drive hers. I feel my mother would not let me drive because she does not trust me. I watch myself feeling sad and hurt about my brother's life and unable to fix it. I told K that I might look O.K. on the outside but I might not really be so all the time. I think about a ring Jo Ann is wearing.

I put things into perspective more now instead of getting caught up in them. Worrying does not change things. I feel that I should be doing more.

There is an honours ceremony at school. I did not get honours because I traded it for enjoyment in my life. I am jealous of my friend Z for getting honours, but I am happy for her. I do not beat myself up over it. I phrase this positively. My happiness seems unreal to me when I think of how well I get along with K's sisters and how well K has done in spite of his problems and his stepmother. I have scars from an accident that K and I felt I handled well. I am not prone to whining or snivelling.

I am glad I can share things instead of hiding them. I want to help a friend overcome her bingeing the way I used the "Munchie Monster."

A palm reader was right on target with my palm. Graduating will be a proud moment for me with everyone in attendance. Wrapping up like a cocoon feels really neat.

After coming here for these sessions, I now feel I am strong enough to get on with my life. I needed Jo Ann's work, but now it is time to go.

Thirty-second Session (July 9, 1988). [This session was mainly composed of movement experiences and has been written up accordingly rather than in the first person, since the movements were observed by the therapist.]
030155 Sitting in Chairs
Movement:
D sits with one leg bent on the chair. Her other leg is in front of the chair with her knee up. She has one hand on her leg. The other hand is near the foot of the same leg.
Context:
D talks about her shift work. Night shift is hard on her. She is upset with her body image and does not like it. She feels she is too fat; this bugs her. She feels like bingeing. Her rhythms get screwed up on shift work.
035242 Walking in a Circle
Movement:
Jo Ann takes D's hand and they walk in a circle, counter-clockwise. The walk is relaxed; their arms swing loosely. Jo Ann kicks her shoes off.
Context:
D is socializing with her boyfriend; she finds this stressful. She has not told him her feelings yet. This protects both of them from being hurt -- the old pattern, the same as with her parents. D thinks too much. Jo Ann: "let's go for a walk." D does not want to be serious all of the time; she wants to have fun, to be less careful about what she says and does, to stop watching her P's and Q's. She wants to be who she is, not worry about what people think. She wants to have someone in her life. D could be more spontaneous if she did not judge herself so much.
035523 Sitting Rocking
Movement:
Jo Ann and D hold both of each other's hands. They sit crosslegged, facing each other, and rock back and forth. As Jo Ann leans back, she pulls D forward.
Context:
Jo Ann says that one can just be silly, whether it is appropriate or not.
035653 Clapping Hands
Movement:
Jo Ann swings D's hands from side to side. They clap hands with each other. They change hands, sometimes clapping with both sets of hands and sometimes only with one. They swing their hands from side to side and they slap against each other.
Context:
Jo Ann points out that little kids get to be silly. They do not know what they are doing, the same as adults. D: "we

are not coordinated." Jo Ann: "right, we are asymmetrical, we are losing control."

035653 Holding Hands

Movement:

Jo Ann and D hold hands and rock their hands forward and backward. Their shoulders rock with their arms, and their heads roll from side to side. Jo Ann and D push against each other's hands. They push forward, release, and move backward, and then repeat the motion.

Context:

Jo Ann makes faces and growls. D laughs and says "horror movie." D makes a face and growls.

035754 Pulling: Jo Ann pulls D.

Movement:

D slowly leans back. Jo Ann holds her hands and then lets her go. She lies on the floor, her legs crossed. Jo Ann stands up and grabs her wrists. D holds Jo Ann's wrists. Jo Ann pulls D up; D relaxes and her head hangs back. D leans over forward and her head hangs forward.

Jo Ann swings her from side to side. Then Jo Ann lies D gently back down on the floor.

035836 Pyramid

Movement:

Jo Ann gestures around D's body in the shape of a triangle. Jo Ann holds her hand above D's belly (the point of the pyramid). Jo Ann walks to the right knee, which forms one corner, and to the left knee, which forms another. Jo Ann stands at D's head. Jo Ann holds her hands five feet above D's belly. Jo Ann lowers her hand down to D's belly and back up again. D places both feet on the floor. Her knees are bent up to the ceiling; her arms are out to the side with her palms up. Jo Ann places her hand on D's belly and rubs it. Jo Ann gestures with her hand over D's body. D breathes deeply; her belly rises.

Context:

Jo Ann says "big triangle." D: "yeah, my head is the point and my legs are the bottom." Jo Ann: "like a pyramid." D: "pyramid power." Jo Ann: "what is this corner?" D: "School." Jo Ann: "What would this corner be?" D: "Work." Jo Ann: "What would this corner be?" D: "Personal life." Jo Ann: "What would this corner be?" D: "My body, my exercise." Jo Ann says that it is D's life force, right through her keystone. Jo Ann tells D to shift the pyramid so that school is on her creative side, work is at her head (consciously thinking), and her personal life is on the right. That shifts it quite a bit. Jo Ann tells D to shift it again so that school is in the centre and relationships are on the left. D likes having her personal life on her left, creative side. It allows her relationships to be free instead of governed by logic. D: "It's good to look at my body more logically. I have been feeling it's the shits, but really it's not that bad. My physical self is not the most important thing about me." School is in D's keystone area. D: "It's something that is there. I try not to think about it or worry about it." Jo Ann asks if D can have it there without worrying about it. D: "I tend to worry in my stomach area." Jo Ann: "This beautiful energy area gets messed up with all the worry and the grind. Can you reframe this? This stomach area has the energy of life; it has more energy because all the lymphs come in, move around, and go out. I see this as a growing, strengthening way, for what is ever there." D says that it would be nice to do that. Jo Ann: "Everything could grow that you put there. The gut knows." Jo Ann says that D breathes better now. Jo Ann asks what the head would be doing now; work is here now. How would work like to function in an intellectual and intuitive world? D answers that she would just do what she has to do and not worry; she would know that she has the skills. Jo Ann suggests D reframe. Her head goes down to her belly to get some energy instead of worry, then comes back up and helps get inspiration. D's stomach is making noises and loosening up. Jo Ann says that noises are a good sign; they mean that something is shifting. Jo Ann tells D to put work up above, her body on the left side, school at the head, and her personal life on the right side. The keystone is from the sacrum, fused vertebrae (another name for it is "chi") one inch below the belly button. This is a dense area of bone in the body because of the spine; it makes for a lower centre of gravity. D says that a silver cord connects to her keystone area. K told her about a near-death experience he had. D believes in reincarnation. If she does not resolve these issues in this lifetime, she will have to come back and go through it again.

041351 Standing

Movement:

Jo Ann and D stand up and face each other. Jo Ann rolls down and up. D follows and crouches on the floor in a frog-like position. D hangs over; her arms dangle, her head drops, and she swings slowly from side to side. She comes up and drops her body and her head from side to side. Her arms hang loose at her sides. Then one arm at a time reaches above her head and rotates around in front of her body. She alternates arms. D swings her arms in front of her body. Jo Ann mirrors some of D's movements. D twists from side to side and swings her arms.

Context:

Jo Ann tells D to start with stretches and see how her body feels. D says that she can feel her shoulders; she must have done something to them the day before. Jo Ann says that D's shoulders are even.

041630 Relevé Ballet

Movement:

Jo Ann and D face the window in first position. They plié, rise on their toes (relevé), and plié. D pushes her pelvis

forward as she pliés. They repeat the plié and relevé. D and Jo Ann stand and face each other. They practice rotating their legs in their hip sockets, in and out, in first and parallel positions.
Context:
Jo Ann explains how to think as if you are moving up as one goes down and keep the plié under one in alignment. D says that is different. Jo Ann tells D to feel the rotation in her hips and thighs together. She uses the image of snooker balls. D asks if hips rotate more in the plié.
042040 Relevé One Leg
Movement:
D puts one leg up on the window ledge (the barre), pliés on the supporting leg, and moves up. Her arms are relaxed by her body. She repeats the movement with the other leg. She shakes her legs out.
Context:
Jo Ann tells D to think as if she is moving up when she goes down.
042211 Arms
Movement:
D and Jo Ann do porte bras movements. They move one arm up to the front of the body at chest level and then bring it down to the side. They alternate arms. Jo Ann and D rotate their wrists and move their fingers about. They repeat the porte bras movement. Their arms float up and down. Jo Ann and D repeatedly raise their arms up to the side and cross them in front of the body.
Context:
Jo Ann explains the porte bras movement. Jo Ann tells D to feel the rhythm of the arm movement, to feel her wrists and hands come alive, and to lead with her fingers.
042416 Side Swing
Movement:
Jo Ann and D each swing an arm up to the side and then in front of the body. They swing the arm loosely; it starts small and then gets bigger. They do the same on the other side.
Context:
D says she is going to fall over. Jo Ann says, "That is O.K. It means you are going for freer."
042500 Walk Swing
Movement:
Jo Ann and D move in a circle and swing their arms from side to side.
Context:
D says she would like to quit school and go and take dance classes.
042750 Primitive Swing (Swing Forward)
Movement:
Jo Ann and D crouch low and swing their arms back and forth.
Context:

Jo Ann compares their movements to a primitive dance.
043000 Walk Swing
Movement:
Jo Ann and D walk in place and swing their arms from side to side.
Context:
D is in good shape; she cycles a lot. Power walking does not do much for her.
043105 Swing Around Holding Hands
Movement:
Jo Ann and D hold hands and swing in a circle, clockwise. They hold both sets of hands and their arms are crossed. They face each other. They dance in a circle and twist away from each other. D laughs. Jo Ann and D dance holding hands and look in a mirror.
043205 Free Dance
Movement:
Jo Ann and D free dance. D swings her arms up high and freely.
043205 In Line - Totem Pole
Movement:
Jo Ann and D face the mirror and dance at different levels. D is behind Jo Ann; then Jo Ann gets behind D. They play.
Context:
Jo Ann talks about totem poles. D says this would be a neat dance to choreograph.
043308 Free Dance
Movement:
Jo Ann and D move rhythmically to the music. Their arms swing and their feet move from side to side.
Context:
Jo Ann talks about New York studios where she has played where a whole wall is a mirror. It was a riot.
043509 One-Sided Movement
Movement:
Jo Ann and D move rhythmically. Their arms and legs on the same side move together. They alternate sides.
Context:
Jo Ann says that when you move the arm and leg together on one side of the body, it changes the brainwaves.
043525 Opposition Movement
Movement:
Jo Ann moves her opposite arm and leg together and then alternates sides. D continues to move her arm and leg of the same side together.
Context:
Jo Ann says that the opposites get dominance in the brain. D says that the movement really does change it.

Thirty-fourth Session (Sept. 11, 1988). The week has been an experience, but still pretty good. I talk with Jo Ann about movies and about what I like to do. I am getting better this year by making myself go out more. I am unable to imagine how the girls in residence can do without physical activity. I think about working out now, and about what motivated me to start and keep doing it. I work out even when I am tired. My mother came back sick from Arizona. I think that my mother is sick because of stress. I think about why my mother worries so much, and about suggestions that may work for me. I am a worrier too, but my mother's worrying annoys me.

I ask Jo Ann how much I can talk, what is expected of me, and how much time is available. I do not want to infringe on Jo Ann's time because Jo Ann has a soft spot. This week has been good in spite of being to hell and back. My friends and I are scared but sticking with it, unlike some classmates.

Sometimes I am able to see that I have courage but at other times I cannot, or it does not make sense to me. I have been letting my instructors intimidate me. Others have told me that my instructor's attitude is not my fault. I live through nervous moments. I have profound thoughts that I want to remember or write down and discuss with Jo Ann. Sometimes I project a "coolness" image. I feel guilty about wanting my own space even though I have a valid reason.

I feel guilty when I rationalize that I will not accept my mother's invitation because I am busy. I have been feeling guilty about a variety of things; I wonder why. I have been forced to get used to doing things that draw attention. I want to get used to drawing attention, but I am scared to do so. I am afraid that I will get conceited now that I am feeling better about myself.

Integrating the physical and emotional is hard since I have never looked after myself before. I am scared that allowing my sexuality to show will promote conceit. My sexual deprivation over the last few years has made me shy and embarrassed of initiating anything with a guy to whom I am attracted. I am scared but I want to be comfortable when I go out with someone. I do not want anything superficial. I do not pick up when people show me unconditional love because they do not verbalize it. I need to hear people state it. People show acceptance indirectly, nonverbally. I acknowledge Jo Ann's acceptance of me because I am not paying her for therapy.

I have come to accept and respect a woman in the delivery room whom I felt was irresponsible. I feel sad about the circumstances. I felt like telling the mother some things but I did not, because they were personal. Things were going well, but I thought of things I wanted to say to the mother, at the hospital, after the fact. I think about being too nice and wanting to make things better. Saying something to someone going through a hard time goes a long way. I think about how the mother appreciated my gesture. I can relate the mother's experience to mine. Judgemental people annoy me.

Good communication takes a long time. I test in conversation whether a person accepts me before I initiate further contact. Even more than most people, I need someone to accept me, even in my moods. I realize I have problems, but I am not at a standstill. I am trying to overcome my problems. I want to learn to relax and still my mind. I ask Jo Ann to recommend meditation books so I can do it on my own time. I want to learn it because the outside of the body reflects the inside. I feel pretty good, but I am still tense.

I had a sexual dream about Z's boyfriend and I am embarrassed about it. I do not plan to tell Z about the dream. There is some jealousy and insecurity in the relationship between Z, Z's boyfriend, and I. I would feel insecure and intimidated by other women if I were going out with a guy.

Looking after myself feels good; it is good for me. Physical appearance is important because it is what initially attracts people and opens doors. I trip over my tongue when I am thinking of what to say, and I hold my breath when I am upset.

I have never come on strong to a man. Tasteful come-ons are O.K., but strong ones are disgusting. I think about the come-ons people have tried on me. There are two guys from the gym whose come-ons and conversations bug me. I have a friend I enjoy who does not do come-ons. I am afraid my fear of approaching men makes me appear cool or something. I have sexual dreams once in a blue moon because I have not had sex in a while. There is fear connected with dreaming.

Women's equality is coming out more in spite of society. I feel anger at my mother for telling my family that I cannot get a boyfriend. I do not know why I get angry and fight with my mother about this.

I received an award from the government that I may spend on myself. I got some classical tapes that I like listening to from the library. I think about how I feel and what I should do during exercises. I am aware of my back; I have pain in my chest. I enjoy the massage, but I have not relaxed completely, as evidenced by the sore spots after Jo Ann massages me.

Thirty-fifth (Final) Session (Oct. 23, 1988). I am engaged now, and I feel good about it. I have been calling Jo Ann to deal with issues that I have been unable to control recently. I need time to myself. I cannot tell K all my problems. My feet feel stuck.

Last week was not very good. I feel that something is wrong, something is missing. I am depressed even though things are going well. I am not talking about K moving in;

the depression is just happening. K is going back to his sister's briefly while we sort things out. The up-coming surgery has been hard on K and me. K did not want me to see him after the operation; we fear things will not go right. I felt anger, fear, and worry when he said he would call but did not. He is angry towards at me at times, but I do not want to hurt him. We both have second thoughts sometimes, but the relationship is good. For the first time in a long time I feel great. K gives me support. It hurts K to see me when I get depressed or unsure.

I hate working afternoons as I have time to think about what I have to do. I do not like paperwork. I wish I did not have so many doubts. My doubts are compounded with food problems. I wonder if my relationship is normal. The relationship is hard work. I think about his past. My holding back comes out in anger, sarcasm, or tears, but I do not let the tears come. I prepare to play with playdough. K wants to come in for sessions. I think that being engaged looks good and feels good. Both of us have a hard time expressing how we feel. We have arguments that help us get it together. It takes a while for the significance of the engagement to sink in; it is a big change with lots of transitions. Either he will change or I will have to accept his sloppiness.

We saw a show which said couples should talk about things right away, not after the fact. I have to get used to compromising and not be picky like my mother. K is not a slob. I associate his behaviour with invading my space. I trust him. I have a hard time telling him to give me space.

K always tells me to talk about things. I want things to work out; I want to be comfortable with him. I protect him because I do not want to see him hurt. I wish I had K's problem of being skinny.

I would feel alone if he was not around. Life is still screwed up but is nevertheless a lot better. In order to keep things smooth, neither of us talks about being scared. It feels good with him there. His presence fills in all the gaps and holes. I think about K's relationship with his mother and family, and about the fact that he has not told them of our engagement. I have been thinking that people do not care; when I find out they do, I am surprised.

I have not seen my friends very often, but I have not really said goodbye. I get frustrated when I cannot do the job I am trained for because of too much work. I accept things and do my best; this is part of an occupational therapist's job. I have to go with the flow and accept things, and realize that I am doing my best. I can relate to a paper I wrote on stress. It is normal to feel stress on this job. I feel better; I am not so weird after all.

I have a membership in a club that is going into receivership. I asked about membership at the club but was treated rudely. There is no protection for consumers. One of my friends said that the rude club worker was probably on steroids as that is what steroids do to people.

K wants sex when I do not; I will be glad when he starts working. I feel that not giving sex threatens the relationship, because my father called my mother frigid. We have to learn how to compromise on sex.

I like K better when he is on his own turf and does not rely on me. I encourage K to do things on his own and not depend on me. I am not jealous; that others find him attractive makes him more attractive to me. I do not like jealous people or getting jealous myself. I do not want to show jealousy to K. I fear what jealousy will make me lose. I am booking off work for the first time. I will keep my last name and not use K's.

APPENDIX C

Higher Order Verbal Themes
(Categories or Clustered Verbal Themes)
Categories and Subcategories

1. Self
    a. giving and receiving
    b. awareness development
    c. change
    d. identity
    e. food related issues
    f. perception of self and self-consciousness
    g. humour
    h. in relation to therapy
    i. in relation to others

1a.Self -- giving and receiving

1.Receiving something beneficial from session.
19.Not taking anything from someone she doesn't know.
20.Taking something from someone you don't know can hurt you
146.Reciprocating
278.Giving of self to others
375.Receiving something

1b.Self-awareness development

4.Awareness development (e.g. "learning a lot").
8.Participant's beliefs on how the body works/reacts.
76.No knowledge of how to help herself
165.Participant's perception of being a child/herself as a child
169.Not knowing what one wants
176.Participant's expectations of herself
187.Comparing movements to analogies in her life
188.Participant's recognition/perception that own experiences/feelings/problems are similar to others'
190.Role playing life situation
193.What participant wants
198.Daydreams
199.Perceptions on participant's own place of residence
209.Participant's perceptions of relationship with father/likeness to her father
214.Lived reality (opposing parts)
215.Polarity
219.Analyzing/logic
220.Assumptions (not 113)
282.Masculine side in distress

287.Dancing the dream parts
291.Participant's perception of herself as a teenager/youth
305.Choices/decisions in life. (Not no. 26)
312.Participant's struggle/fight (e.g. for health, for a fuller life)
323.Self-consciousness vs. spontaneity/freedom
324.Expressing feelings through movement/exercise
339.Fulfillment
357.Participant's experience of her dance/movement
378.How participant thinks the world should work
380.Dependence/independence/interdependence
390.The artist's role
391.Cycles
416.Growth/development (not 4 or 181), (e.g. getting over split/finding own self)
437.Asking for what P needs

1c.Self -- change

181.Change in participant's life
285.Change (e.g. transformation in dream)
391.Cycles
416.Growth/development (not 4 or 181)

1d.Self -- identity

128.Depression/sadness
129.Guilt
136.Jealousy
161.Participant being lonely
163.Paranoia
164.Fear of other's opinions/self-esteem
166.Participant's protection-self/feeling threatened
196.Participant's possessions
225.Border issues/ Body Boundary Issues
242.Self-confidence
244.Self-acceptance
245.Competitiveness
246.Voice
247.Creativity (creating something)
248.Participant's perception of her body movements on video
253.Beauty/gracefulness
254.Energy level (e.g. tired, full of energy)
255.Splitting (e.g. all good or all bad, inner vs. outer)
257.Violence in self or environment
261.Balance
262.Integration (not 216)
265.Energy (e.g. aura, sense of electricity)
267.Sensory modalities

270.Participant's being/staying healthy
271.Being alone
272.Addiction
273.Faith
279.Getting older/aging vs. youth
281.Pollution in a personal sense
283.Subdivisions
284.Being stripped
286.Infertility
292.Adventure
293.Self-contradiction
300.Things going well for participant
305.Choices/decisions in life (Not no. 26)
312.Participant's stuggle/fight (e.g. for health, for a fuller life)
313.Growing up emotionally
314.Language
323.Self-consciousness vs. spontaneity/freedom
324.Expressing feelings through movement/exercise
339.Fulfillment
348.Working too much
357.Participant's experience of her dance/movement
378.How participant thinks the world should work
379.Insanity
380.Dependence/independence/interdependence
389.Freedom vs. discipline and bondage
390.The artist's role
391.Cycles
416.Growth/development (not 4 or 181)

1e.Self -- Related to Food Issues

9.Food participant eats
10.Food participant does not eat
11.Not knowing how to cook
12.Participant being able to cook in the microwave
21.Not wanting to eat in front of someone
23.Not wanting therapist to make her confront food
24.Wondering what therapy has to do with food
25.Destroying food as therapy
26.Choices she has to deal with food (exercises)
27.Confronting food
41.All this food is expensive
50.Eating enough normally
51.Permissiveness about food with herself
52.Limiting/not limiting self with food (being stingy)
56.Not trusting self with eating habits
61.Bingeing vs overeating

1f.Self -- Perception of Self and Self-consciousness

17.People will think participant is weird when she does something
43.Participant's honour/Participant keeps her word
72.Blaming self for problems/what happened to her
74.What participant looks/feels like when she needs something
76.No knowledge of how to help herself
82.Participant's relationship with/likeness to her mother
87.Participant's body reactions/symptoms/general observations
106.Future plans
110.Direct quotes on how her life is (My life is ________)
111.Direct quotes on herself (I am ______)
132.Allowing/forcing herself to think/feel
140.Validating experiences/self
408.Doubt/uncertainty (e.g. about when something happened)
421.Direct movement quotes on herself (e.g. This is how I normally/used to __________.)
429.Acting out the dream parts.
440.Expectations of self
441.Fitting in/not fitting in

1g. Self -- Humour

18.Humour about exercises therapist asks her to do
144.Humour (what participant thinks is funny)
315.Laughter

1h.Self -- In Relation to Therapy (can go under therapy)

22.Speculation as to what therapist will ask her to do
29.Participant does not want to physically hurt the therapist
30.Participant does not want to mentally hurt the therapist
31.Participant does not want to get hurt during therapy
39.What made Participant look at her problem(s)

1i.Self -- In Relation to others

5.How participant feels she uses therapist
143.Participant's philosophies/observations of people in general
148.Positive feedback from interchanges with others
191.Closeness/distance

278.Giving of self to others
326.Grief/mourning
346.Pretending
347.Sarcasm
380.Dependence/independence/interdependence
422.Direct movement quotes on others
423.Going for lunch or coffee with friends
426.Ending a friendship/relationship
427.Advice from others

2. Feelings

a. general feelings related to therapy
b. general feelings related to problems
c. general feelings related to life events
d. kinesthetic feelings
e. feelings related to food

2a.General feelings related to therapy

3.Liked talking about the things talked about
45.Embarrassment/liking therapy
48.Hopes about future after curing problems in therapy
57.Participant relating how she's feeling at the beginning of interview
135.Telling someone how you feel
153.How participant feels/acts when she doesn't feel like doing anything and feels bad
222.Trust
259.Security (feeling secure)
315.Feeling/understanding movement/exercise
388.Emotions (e.g. as brought forth by movement)
395.Participant's feelings about talking about herself/her feelings in general

2b.General feelings related to problems and therapeutic goals

46.Desire to cure problem
47.Hopelessness/sadness about problem
48.Hopes about future after curing problem
56.Not trusting self with eating habits
158.Participant feeling good about herself
195.Feeling accepted by someone
200.Avoidance of feelings
273.Faith
353.Feelings of failure/success
356.Wanting more
389.Freedom vs. discipline and bondage
394.Apologizing for/feeling sorry about past actions
396.What P feels is self indulgent/selfish

2c. General feelings related to life events

185.Death of friends or participant's feelings about death
186.Suicide
188.Participant's recognition/perception that own experiences/feelings/problems are similar to others
195.Feeling accepted by someone
257.Violence in self or environment
259.Security (feeling secure)
264.Curiosity/fascination/wonder
276.Illness of friends or participant's feelings about illness
277.Caring about/for others
354.Feeling irresponsible
355.Disappointment
380.Dependence/independence/interdependence
398.Response to praise
415.Wishing, wishing to make images in meditation
428.Remembering life events (from the past)

2d.Kinesthetic and/or bodily-feelings

2.Enjoying/having fun
77.Pain/anguish
79.Stress/tension
84.Frustration
86.Worry/anxiety
130.Relaxing/peace
180.Happiness/Contentment vs. Unhappiness
217.Comfort/discomfort
234.Feelings of being violated
250.Loss, letting go
257.Violence in self or environment
259.Security (feeling secure)
264.Curiosity/fascination/wonder
280.Destruction/deformation
290.Restlessness
296.Conflict
310.Strength/power
315.Laughter
316.Crying
343.Feeling ashamed
344.Brittleness/boundness
345.Vulnerability
362.Weakness
368.Greed/hording
371.Hollowness
371.Expelling/releasing
410.Rage
430.Overwhelmed/feeling overwhelming
431.Letting go/not letting go (holding on)

2e.Feelings and Thoughts related to Food/ Food expulsion (e.g.sick, shit, fed up)

7.Changing diet is a shock to body's system
27.Confronting food
37.Embarrassment/humbleness about her eating
59.Cravings satisfied/not satisfied
60.Fears about overeating
65.Guilt about overeating
69.Being encouraged about curing bulimia
147.Participant is "fed up"/not going to take anymore
184.Participant being sick of her life, hating how she feels
368.Greed/hoarding (compare 301,418)
371.Hollowness
372.Expelling/releasing as shit
404.The afternoon that the bulimia started
407.Participant's mother having an eating disorder
423.Going for lunch or coffee with friends
438.Discussing idea of being or not being ashamed

3. Relationships

3a.Relating to therapist

5.How participant feels she uses therapist
6.Participant is aware of bouncing ideas off therapist for feedback
4.Unsurity as to what the therapist wants/is asking for (purpose)
5.Participant feeling the therapist has left out important part of exercise
6.Therapist did not tell client how to do exercise/movement
8.Humour about exercises therapist asks her to do
207.Acknowledging J's statement
213.Agreeing with J's statement
263.Questions for therapist about how techniques work
302.Love
327.Appreciation/gratitude/thankfulness
439.Not paying therapist/vs paying

3b.Relationships In General

73.Anger/resentment/hatred towards another person or people
82.Participant's relationship with/likeness to her mother
101.Disapproval of others' actions
107.People participant relates to
120.Patients participant works with
148.Positive feedback from interchanges with others

160.Why/what participant does/feels to relate to people
182.Having Friends or not having friends
195.Feeling accepted by someone
209.Participant's relationship with/likeness to her father
218.Criticism by others
224.Massage/body work practitioner
232.Participant's parents' relationship
275.Friend with cancer
276.Illness of friends or participant's feelings about illness
277.Caring about/for others
278.Giving of self to others
279.Getting older/aging (self and others)
288.Participant's former psychologist/psychiatrist
297.Peers
302.Love
303.Participant's being herself around others
318.Reaching out to other (for help)
397.Being forced to perform (by parents, others)
402.Developing a relationship/attraction
423.Going for lunch or coffee with friends
426.Ending a friendship/relationship
427.Advice from others

3c.Relating to Men

73.Anger/resentment/hatred (to a man/men)
96.Conflicts with sexuality (other's behaviour towards her)
118.Boyfriend
168.Relationships with men
179.Participant's marriage engagement
192.Courtship and romance
195.Feeling accepted by someone
295.Dating
302.Love
306.Participant's marriage
327.Appreciation/gratitude/thankfulness
426.Ending a friendship/relationship

4a. Body.

7.Changing diet is a shock to body's system
8.Participant's beliefs on how the body works/reacts
93.Body parts
    a) head/face
    b) arms
    c) legs
    d) feet
    e) neck

- f) shoulders
- g) hands
- h) stomach
- i) back/spine
- j) torso
- k) whole body
- l) lungs (compare 138-breathing, sighs)
- m) organs
- n) hips
- o) pelvis
- p) eyes
- q) brain
- r) ligaments
- s) muscles
- t) buttocks
- u) skin
- v) heart
- w) knee

114.Working on own body outside of therapy
117.Massage/therapy is good for body/person
138.Breathing/sighs
141.Body Image - participant's feelings of her body
210.Questions about body
224.Massage/body work practitioner
225.Border issues/ Body Boundary Issues
227.Dreambody
254.Energy level (e.g. tired, full of energy)
262.Integration (not 216)
265.Energy
267.Sensory modalities
270.Participants's being/staying healthy
358.Physical effort (e.g. pushing)
359.Physical resistance (e.g. a weight)
365.Physical fitness
372.Expelling/releasing as shit
412.Injury

5. Behaviour

5a. Functional comments about self behaviours
5b. Feelings related to behaviour
5c. Control

5a. Functional comments about self behaviours

13.Participant not bothering to cook
40.Deciding not to binge
49.Backsliding on efforts to cure problem
54.Characteristics of eating habits
55.Participant's perception of what is/is not healthy food

57.Doing good things for herself
88.What participant used to do/not do in prior years but does/does not do now (e.g. habits)
89.Working out at the gym
90.Participant being sick/not feeling well
94.Confronting others when they create problems with her
104.Problems at school
105.Discussing/not discussing sexuality/sexuality in general
108.Books participant has read
112.Goals
114.Working on own body outside of therapy
122.Working at the hospital
123.Questions for therapist as to observations therapist has made
124.Vomiting
125.Clothing/shopping
126.Handling money (spending/blowing on herself)
127.Bitching
130.Relaxing/peace
133.Not working
140.Validating experiences/self
149.Not taking what others say or do personally
150.Recognizing her own reactions/problems/solutions
151.Admitting/letting others see/not showing feelings/problems
152.Role playing/pretending she is the voice for stomach/hand/etc.
154.The way participant talks to herself about overeating
155.Participant being critical of self/others
160.Why/what participant does/feels to relate to people
162.Participant's perception of being a child/herself as a child
171.Taking a chance/risk
175.Why/what starts participant eating
177.Participant doing things to try to help herself
178.Self evaluation
197.Working on crafts
202.Defensive
206.Work in dance
223.Travel
226.Having cured bulimia
228.Participant's routine
230.Participant punishing self
231.Physical violence towards participant
236.Participant as teacher
238.Purification /pollution (e.g. acid rain)
245.Competitiveness

249.Miscellaneous comments on operation of video/watching video
252.Hypnosis/trance
258.Violence towards self
260.Limits/boundaries
271.Being alone
272.Addiction
304.Graduation from school
321.Pacing (slow, fast, etc.)
322.Hearing your own voice on tape
325.T.V. shows/watching T.V.
346.Pretending
351.Following/leading
326.Grief/mourning
327.Appreciation/gratitude/thankfulness
362.Weakness
363.Proving things/self
365.Physical fitness
368.Greed/hoarding (Compare 301, 418.)
370.Taking
373.Being a conduit
382.Defending other people
384.Verbalizing movement therapy experience
390.The artist's role
399.Patterns in one's life
400.Blaming/giving credit to others for what happened to her vs. accepting responsibility for own actions/problems
404.The afternoon the bulimia started
411.Laziness
412.Injury
414.Participant's quest (searching, seeking)
419.Being on guard/vigilance
420.Name calling ("sweetie", profanities)
431.Letting go / not letting go (holding on)
435.Self-protection
437.Asking for what P needs
442.Not talking to others
443.Leaving

5b.Feelings related to behaviour

32.Participant feeling she has to control her food
37.Embarrassment/humbleness about her eating
58.Eating associated with father/family
65.Guilt about overeating
67.Being stuck on Overeater's Anonymous teaching/beliefs about eating
75.Total withdrawal
101.Disapproval of other's actions
135.Telling someone how you feel (it's difficult to, has to be done, it felt good)

147. Participant is fed up/not going to take anymore
153. How participant feels/acts when she doesn't feel like doing anything and feels bad
166. Participant protection self (actions)/feeling threatened
200. Avoidance of feelings
353. Feeling irresponsible
364. Expressing feelings/self through art
376. Mediocrity (feelings about)
416. Growth/ development, getting over split/finding own self
417. Speaking to parts or from parts of self

5c. Control

32. Participant feeling she has to control her food
35. Having to control food because of consequences
36. Participant is controlling her appetite
38. When participant could not control her appetite
87. Participant's body reactions/symptoms/general observations (as in, I know this happens when I do this and that my body does this)
173. Control/not being in control/ dominance too
431. Letting go/not letting go (holding on)
435. Self protection

6a. Reflections about therapy.

24. Wondering what therapy has to do with food
25. Destroying food as therapy
31. Participant does not want to get hurt during therapy
33. Therapy is/could be expensive
34. Wondering how long a particular exercise will continue
39. What made participant look at her problems
42. Not breaking promises to therapist
44. What constitutes participant's recovery
46. Desire to cure problem
66. Acknowledging J's teachings with bulimia/anorexia/therapy
68. Changing beliefs/thoughts and the consequences
70. Stopping the session/interview
83. Clarifying that therapist's statement is true (is that right?)
91. Agreeing to do as movement therapist suggests/compliance
92. Not wanting to do as movement therapist suggests
113. Assuming therapist knows what she means/is talking about
121. Types of movement therapist is doing

123.Questions for therapist as to observations therapist has made
139.Remembering past sessions
142.Therapist/participant relationship
174.What participant wants to accomplish through therapy
194.Disagreeing with Jo Ann's statement
207.Acknowledging Jo Ann's statement
213.Agreeing with J's statement
221.Dreams
252.Hypnosis/trance
263.Questions for therapist about how techniques work
270.Participant's being staying healthy
285.Change (e.g. transformation in dream)
319.Questions about value of exercise/ therapy (will it work?)
349.Healing
350.Ritual
352.Aftereffects of session
357.Participant's experience of her dance/movement
369.Levels (e.g. physical, spiritual)
379.Insanity

7a.Time.

34.Wondering how long a particular exercise will continue
404.The afternoon the bulimia started
409.Frequency (i.e. how often something happens)

8a. Family.

58.Eating associated with father/family
80.P's mother
81.P's mother being sick
82.P's relationship with/likeness to her mother
85.Stepfather
97.Sister
98.Brothers
99.Any members of P's family
208.P's father
209.P's relationship with/likeness to her father
232.P's parents' relationship
294.Parents' rules for P
307.Separating from parents
309.P's boyfriend's family

9. Participant's World Relationship.

9a. eating world
9b. loneliness

- 9c. school/work/classes such as where can express self
- 9d. childhood
- 9e. belongingness
- 9f. world picture

9a. eating world

63.Overeater's Anonymous teachings/group
64.Questions about research on bulimia/anorexia
67.Being stuck on OA teaching/beliefs about eating
406.Doctor's reaction to participant's being bulimic

9b. loneliness

71.Emotions about being left alone in childhood
205.Support/caring/depending on someone

9c. school/work/classes such as where can express self

103.School
237.Participant's student(s)
320.Participant's instructor's
348.Working too much.
366.Recognition for Participant's work.
392.Writing/storytelling

9d. childhood

71.Emotions about being left alone in childhood
240.Childhood teachings

9e. belongingness

298.Club membership
390.The artist's role
441.Fitting in

9f. world picture

367.Politicians/politics.
378.How participant thinks the world should work.
390.The artist's role
392.Writing/storytelling
393.Sayings/traditional wisdom
420.Name calling (e.g. "sweetie", profanities)
436.Perceptions of the world

10. Cognitive.

- a. Philosophy
- b. Cognitive Structuring of Thoughts

- c. Higher Power
- d. Ambivalence/confusion/conflict/splitting

10a.Philosophical

109.Reincarnation/spiritual beliefs/existential questions
143.Participant's philosophies/observations of people in general
201.Determination
203.Philosophy of Life
219.Analyzing
229.New Age thought
385.Existential-phenomenological research
433.Perfection

10b.Cognitive Structuring of Thoughts

113.Assuming therapist knows what she means/is talking about
143.Participant's philosophies/observations of people in general
145.Judging others/being judged
150.Recognizing her own actions/problems/solutions
251.Imagination
267.Sensory modalities
289.Objects for memories
299.Automatic knowing
311.Magical thinking
369.Levels (e.g. physical, spiritual)
386.Dance/movement as primal, animal
387.Kinetic knowing (e.g. images coming through movement)
401.How participant approaches situations (mental attitude)
405.What participant thinks is important
432.Intention to do/meaning to do/plan
434.Replacing feeling/substitution with awareness

10c.Higher Power

11.Spiritual
109.Reincarnation/spiritual beliefs/existential questions
269.Traditional (organized) religion

10d.Ambivalence/confusion/conflict/splitting

121.Types of movements therapist is doing.
169.Not knowing what one wants
243.Not understanding (confusion)

255.Splitting (e.g. all good or all bad, inner vs. outer)
256.Ambivalence (e.g. "edges", sitting on the fence)
293.Self-contradiction
296.Conflict

11a. The They (Other People, identified with self).

100.Prostitution
101.Disapproval of other's actions
120.Patients participant works with
121.Types of movement therapist is doing
134.Fellow Student and Friend
137.OA sponsor
156.Abuse
186.Suicide
189.Participant's coworkers
425.P's expectations of others

12a. Sex/ Feminine/Masculine.

95.Participant's sexuality
96.Conflicts with sexuality (other's behaviour towards her)
100.Prostitution
102.Aids
105.Discussing/not discussing sexuality/sexuality in general
282.Masculine side in distress
341.Lake
342.Derrick

13a. Movement.

115.Feeling/understanding movement/exercise
116.Questions as to how to do movements/exercises
119.Range of motion exercises
187.Comparing movements to analogies in her life
212.Movement
215.Polarity
216.Integration of movement therapy themes into life
248.Participant's perception of her body/movements on video
261.Balance
287.Dancing the dream parts
310.Strength/power
357.P's experience of her dance/movement
358.Physical effort (e.g.pushing)
359.Physical resistance (e.g. a weight)
383.Movement therapy (e.g. Jo Ann talking about it as such)
384.Verbalizing movement therapy experience
402.Martial Arts

403.Sitting
412.Injury
431.Letting go/ not letting go (holding on)

14a. Aesthetic.

253.Beauty/gracefulness
339.Music
364.Expressing feelings/self through art
381.Dance forms
390.The artist's role
413."Fashion" (e.g. in professional dance)
414.P's quest (searching, seeking)
433.Perfection

15a. Symbols

198.Daydreams
221.Dreams
235.Archetype/Archetype image
285.Change (e.g. transformation in dream)
286.Infertility
287.Dancing the dream parts
308.Rings (e.g. wedding)
341.Lake
342.Derrick
360.Serpent image
361.Teeth
374.Symbols/images
387.Kinetic knowing (e.g. images coming through movement)
391.Cycles
392.Writing /storytelling
413."Fashion" (e.g. in professional dance)

APPENDIX D

Movement Categories and Sub-Categories

1. Transitional Behaviours

1a) Readying/preparing
2. Warmup Movements (releasing, breathing)
5. Cooldown movements
18. Sitting and talking
212. Contemplative stance

1b) Ready and waiting
1. Engaging
155. Swirling in chair
156. Facing window and looking out
184. Resting
212. Contemplative stance

1c) Greeting behaviours
108. Greeting movements
155. Swirling in chair
156. Facing window and looking out

2. Directional Behaviours

2a) Going towards
17. Directional movements
73. Forward movements
156. Facing window

2b) Going away from
17. Directional movements
74. Backward movements
81. Leaving movements (e.g. ending dance)
102. Moving away from something (e.g. the critic)
172. Leaning back

2c) Withdrawing behaviour
31. Regressed movements
85. Restricting self by movements
117. Cramping
172. Leaning back
214. Protecting movements

2d) Retreating behaviour
81. Leaving movements (e.g. ending dance)
102. Moving away from something (e.g. critic)
116. Retreating movements
172. Leaning back

2e) Ambivalent movement behaviour
16. Direction change
17. Directional movements
34. Exploring movements
113. Finding the edge

2f) Hiding behaviour
84. Hiding by being covered by object
195. Wrapping herself up
214. Protecting movements

3. Habitual Behaviours

3a) Fidgeting Behaviour at specific times
33. Fidgeting movements
42. Body limitation in regards to movement 3b)
53. Rubbing self (e.g. rubbing neck)
65. *Shadow* movements

3b) Grooming behaviour
65. *Shadow* movements
282. Playing with her hair

4. Self-care behaviour vs destructive

4a) Constructive
i. Releasing behaviour

5. Confrontational behaviour

5a) Assertive behaviour
59. Closure movements (e.g. gathering)
86. Expelling the critic
96. Assertive movements
97. Defending movements
175. Connecting her anger to not getting what she wants
180. Stopping an exercise that caused pain
186. Standing up
214. Protecting movements
218. Stopping self from fighting
219. Initiating with various parts of the body

5b) Aggressive behaviour
23. Energies in movement
89. Awareness of introject
92. Hurting body
95. Aggressive movements
103. Pushing
214. Protecting movements

5c) Directly confronting behaviour

92. Hurting body
103. Pushing
186. Standing up

6. Dance

6a) Trance dance

23. Energies in movement
61. Trance dance
153. Parts of body talking
154. Parts of body feeling

6b) Moving with a perspective

12. Dancing a feeling
31. Regressed movements
34. Exploring movements
85. Restricting self by movements
86. Expelling the critic
126. Dancing to images
170. Object movements (e.g. wringer washer machine)
267. Images stated and then creating a dance from the images

6c) Words lead to movements

34. Exploring movements
126. Dancing to images
127. Correcting posture through instructions

6d) Images in movements

i. Image finding/discovering in dance
28. Sculpturing movements
42. Body limitation in regards to movement
54. Earth images (e.g. mudslide)
55. Metamorphosis images
109. Gestalt of body image felt and described
132. Attention to moving body parts
153. Parts of body talking
154. Parts of body feeling
174. Demonstrating weightlifting
233. Looking at her body parts and moving them while making an image (e.g. wiggling toes, which look like sponges and feel very white)
254. Imaginary strings that pull her forward from her sternum
258. Walking like a soldier to get clear dominance in the brain
273. Putting an object representing her anger somewhere else (e.g. the ball is put outside the door for the week)
287. Waking from a dream with tensed body parts (e.g. feeling hot, flushed, red, swollen, embarrassed, vulnerable, and ashamed)

ii. Images of body-self/feelings
308. Exploring eczema by breathing and getting in touch with its meaning to her

6e) Dance improvization
13. Image dancing (e.g. world-dance spiral)
34. Exploring movements
41. Body parts becoming animal body parts (e.g. wings)
47. Synchronous movements
54. Earth images (e.g. mudslide)
81. Leaving movements (e.g. ending dance)
126. Dancing to images
133. Improvization (freelance dancing, creative exploration)
167. Supported movements
169. Animal movements
170. Object movements (e.g. wringer washer machine)
187. Moving to music
274. Dancing by herself with music

6f) Parallel movement with therapist
7. Therapist mirroring participant's movements
187. Moving to music
244. Therapist and participant moving in parallel
245. Participant mirroring therapist's movements
293. Clapping hands with therapist and being silly with her
259. Being a chorus line with therapist
294. Holding hands with therapist
322. Therapist and participant moving in parallel

6g) Structured Dance
i. Exercises/Steps
11. Positioning
19. Balance
28. Sculpturing movements
35. Exercising
125. Ballet exercises
127. Correcting posture through instructions
128. Counting time
129. Co-ordinating movements
143. Dance positions
200. Going through whole foot in relevé
203. Drawing foot up supporting leg to knee
204. Moving in *horizontal*, *vertical*, and *sagittal* planes
205. Moving diagonally
207. Waltzing
208. Running and leaping or hopping
209. Co-ordinating arms and legs in a leap or swing
211. African jazz walk

ii. Rises, balances, etc.

6h) Doing kinesiology exercises
23. Energies in movement
24. Kinesiology experiences
29. Constructive rest (ideokinesiology)
167. Supported movements

6i) Isolations
32. Isolation movements
pelvis
spine
ribs
shoulders
head
neck

6j) Whole body dancing an archetype
6. Animal archetype movements
13. Image dancing (e.g. world-dance spiral)
21. Goddess images in movement (archetypal)
22. Personifying an object in movement
89. Awareness of introject
169. Animal movements

6k) Choreography, actively developing a dance
28. Sculpturing movements
34. Exploring movements
54. Earth images
55. Metamorphosis images
169. Animal movements
324. Creating a dance from felt sense
325. Creating a dance from images

7. Relaxing and Tensing

7a) Attempts to relax
23. Energies in movement
80. Relaxing
110. Keeping tension by choice
112. Blocking feelings through body tension
117. Cramping
184. Resting (e.g. resting her whole body, or resting her hands on her belly)
202. Sweating
230. Becoming more aware of tensions and recognizing that after a while these tensions create aches in her body
265. Screaming into a pillow
266. Feeling unstable, accepting this, releasing, and crying

7b) Breathing

10. Breathing (exhaling, inhaling, depth of breathing)
150. Exaggerated breathing
183. Breathing into her body parts (e.g. her shoulders)
201. Breathing with feeling
229. Breathing in spirituality and inspiration
243. Breathing into the muscle areas in her shoulder
264. Being constricted in the breath and wanting to scream
268. Breathing while therapist has one hand in front and one hand behind her chest
284. Enhancing the emotions through accompanying breath
285. Bending over while breathing

7c) Relaxing and tensing behaviour

23. Energies in movement
29. Constructive rest (ideokinesiology)
110. Keeping tension by choice
112. Blocking feelings through body tension
144. Tightness versus looseness of body movement
145. Contraction
184. Resting

7d) Feeling good in the body

247. Feeling good in her body
252. Her body feels better and she sees this

8. Role playing

8a) Parts of a dream

22. Personifying an object in movement
30. Role playing movements

8b) Other people

30. Role playing movements
31. Regressed movements
89. Awareness of introject
122. Walking like a family member
123. Pretending to be a family member
152. Dragging the therapist
169. Animal movements (e.g. dog wagging tail)
170. Object movements (e.g. wringer washing machine)
224. Letting something go
309. Role playing with an empty chair representing her boyfriend turning his back on her
310. Talking to boyfriend's back

8c) Parts of self/feelings from remembered events
30. Role playing movements
31. Regressed movements
89. Awareness of introject
153. Parts of body talking (e.g. feet talking)
154. Parts of body feeling (e.g. shy feet)
289. Role play reaction to remembering physical abuse -- gesturing limply with hands, scratching, holding left hand near stomach, and walking in a circle looking down
310. Talking to boyfriend's back

9. Authentic movement (self)

9a) Explores moving of whole body
31. Regressed movements
34. Exploring movements
43. Sensed wounded body (crippled)
99. Whole body action
139. Rocking, body rocks, leg rocks
158. Contortions of the body
160. Shaking out body
162. Flying movements
171. Being into feelings
213. Dynamic movement change
215. Movements related to creating an idea
216. Imaginative play/movement
248. Feeling a felt sense and creating a dance from this
280. Focusing into her body feelings after movement (e.g. finding sadness inside in her throat and chest after jumping)
318. Feeling dizzy

9b) Explores moving a body part/acknowledging experience of body part
31. Regressed movements
34. Exploring movements
105. Experiencing a new feeling
111. Tending to a bodily felt experience
112. Blocking feelings through body tension
132. Attention to moving body parts
137. Feeling how the head sits on top of the body
138. Stretching at the bar
139. Rocking: body rocking, leg rocking
147. Exploring limb movements
149. Face movements
158. Scooping up the intestines and stomach
161. Eye movements
163. Try movements
182. Rounding her neck
209. Coordinating arms and legs in a leap or swing
219. Initiating with various parts of the body

221. Adding other parts of the body to help move a restricted area
222. Discovering new ideas for learning about the self through movements
256. Noticing parts of her body that need contrasting movements
261. Noticing how movements in one part of her body affects another (e.g. when she brings her leg in, she feels her stomach tense)
270. Listening to her gurgling stomach
272. Making sounds that vibrate in the spine and throat
281. Feeling her constricted throat as she discusses not being able to discuss her feelings (especially about sex) directly with her parents
298. Moving one side and then the other with therapist while looking into mirror
299. Moving opposite arm and leg together and moving alternate limbs
300. Moving with same arm and leg
304. Using palms of hands to roll ball of clay until smooth
305. Using fingers to work clay
306. Shaping small bowl with clay using right index finger, especially in centre of bowl
308. Exploring eczema by breathing and getting in touch with its meaning to her

9c) Allowing the dance (being moved)/ feeling the body feelings
10. Interactional Behaviour
34. Exploring movements
162. Flying movements
185. Feeling weight and shape of head
231. Recognizing body feelings as coming from her past (e.g. recognizing that the chest squeezing is like her little girl stance; when it opens, she feels better about herself)

10a) Dancing with Jo Ann (therapist)
31. Regressed movements
34. Exploring movements
237. Going on a pretend journey in time and space with therapist

10b) Engaging in a movement dialogue with therapist
4. Leading versus following movements
7. Therapist mirroring participant's movements
18. Sitting and talking
93. Correcting movement to one that does not hurt body

103. Pushing
127. Correcting posture through instructions
181. Sitting beside therapist
189. Facing the therapist (e.g. while standing)
191. Therapist pulling participant
245. Participant mirroring therapist's movements
259. Being a chorus line with therapist

10c) Reacting to therapist in movement
62. Moving with therapist (e.g. participant and therapist both turning)
75. Movement responses to therapist's touch
120. Giving "dirty looks" as a way of being "bitchy"
121. Verbalizing the sound of "the bitch"
181. Sitting beside therapist
236. Receiving comfort from therapist
245. Participant mirroring therapist's movements
257. Copying therapist's movements

10d) Leaving behaviour/separating behaviour(e.g. hugs, flapping wings, good-bye dance, leaving room)
31. Regressed movements
224. Letting something go

10e) Hiding behaviour
31. Regressed movements

10f) Greeting Behaviour

10fi. Greeting variations
31. Regressed movements

10fii. Smiling behaviour
23. Energies in movement
31. Regressed movements
210. Laughing

11. Touching

11a) Touch in dance
26. Connecting moving body parts
36. Fingers moving and feeling (proprioceptive)
75. Movement responses to therapist's touch

11b) Massage touch
25. Massage experiences
36. Fingers moving and feeling (proprioceptive)
53. Rubbing self (e.g. rubbing neck)
56. Comforting movements (e.g. stroking self)

11c) Near touch (no touch)
8. Near touch movements

11d) Hands on self
31. Regressed movements
36. Fingers moving and feeling (proprioceptive)
311. Holding arms across belly

11e) Letting self be touched
31. Regressed movements
101. Receiving a hug (initiated by therapist)
255. Receiving kinesthetic cues from therapist through touch along her spine
269. Letting therapist rock her while therapist touches her stomach

11f) Contacting/Connecting Physically
9. Touching
56. Comforting movements (e.g. stroking self)
103. Pushing
107. Kinesthetic anchoring
142. Parts of body against other parts of body

12. Expressing self

12a) Within segment of and/*or* a whole dance
27. Sensual movements (stretching and rolling)
61. Trance dance
109. Gestalt of body image felt and described
118. Broadening her stance and increasing anger
119. Narrowing her stance and feeling intimidated
130. Exploring new movements
171. Being into feelings
176. Biting rhythm (chewing gum, body rhythm)
177. Feeling sore (pain)

12b) Exploring personal style in movement
27. Sensual movements (stretching and rolling)
34. Exploring movements
37. Rhythm of movements
45. Primitive movements (primordial images)
48. One side of body opposing the other
49. Holding body parts or body
50. Magnetic pulling
79. Laying down
80. Relaxing
81. Leaving movements (e.g. ending dance)
82. Counter-tensions
95. Aggressive
96. Assertive movements
105. Experiencing a new feeling in body
109. Gestalt of body image felt and described

110. Keeping tension by choice
114. Harmony as a felt experience
115. Exaggerating movement
130. Exploring new movements
134. Sense of height
135. Sense of width
171. Being into feelings
178. Twisting elbows together
179. Pulling (e.g. pulling arms down from above her shoulders)
220. Discovering restrictive movement places
246. Changing the look of her clothes (e.g. dressing in shocking pink)
283. Putting a movement and a sound together

12c) In conversational movement
51. Shaking head no
52. Shaking head yes
65. *Shadow* movements
96. Assertive movements
97. Defending movements
242. Feeling her coordination is off (e.g. keeps falling over)
262. Doing a pelvic rock (rocking the pelvis)
263. Keeping her palms up (e.g. because her palms are greasy from putting the chain on her bike)

12d) In role play
30. Role playing movements
31. Regressed movements
41. Body parts becoming animal body parts (e.g. wings)
57. Pointing the finger (e.g. blaming)
86. Expelling the critic
88. Protecting scared, abused part
96. Assertive movements
97. Defending movements
103. Pushing
118. Broadening her stance and increasing anger
119. Narrowing her stance and feeling intimidated
120. Giving dirty looks as a way of being bitchy
121. Verbalizing the sounds of the "bitch" (e.g. she recognizes her mother's sounds) movements

12e) Approaching something
31. Regressed movements

13. Movement qualities (Effort-shape)

13a) Letting go/falling, going limp, spasms
106. Sinking and twisting (e.g. spiralling down)

172. Leaning back
265. Screaming into a pillow

13b) Putting efforts forth (intents)

3. Contrasting movement qualities between participant and therapist
38. Time (e.g. moving fast)
59. Closure movements (e.g. gathering)
63. Variations on movement efforts
64. Walking with therapist
70. Shifts (e.g. changing hands, shifting weight)
71. Lifting
72. Rising
73. Forward movements
74. Backward movements
76. *Arching*
77. Lowering (e.g. sinking with body towards ground)
78. Gestures (e.g. fist)
79. Laying down
80. Relaxing
87. Releasing (e.g. crying)
90. Rhythm progressions
91. Strengthening body
94. Balancing parts of body
98. Central efforts (e.g. postural efforts)
99. Whole body action
100. Chest and voice efforts
103. Pushing
104. Standing ground physically (embodying, not arguing in her head)
106. Sinking and twisting (e.g. spiralling down)
113. Finding the edge (e.g. which way to go)
115. Exaggerating movement
117. Cramping (e.g. not much breath while tensing)
118. Broadening her stance and increasing anger
119. Narrowing her stance and feeling intimidated
124. Weight backward or forward
129. Co ordinating movements
130. Exploring new movements
131. Limpness
132. Attention to moving body parts
134. Sense of height
135. Sense of width
136. Level changes
137. Feeling how the head sits on top of the body
138. Stretching at the bar
139. Rocking: body rocking, leg rocking
140. Rotating movements
141. Side to side weight shifts
142. Parts of body against other parts of body
143. Dance positions

144. Tightness versus looseness of body movement
145. Contraction
146. Sliding
147. Exploring limb movements
148. Prancing
149. Face movements (e.g. scrunching face)
150. Exaggerated breathing
152. Dragging the therapist
158. Contortions of the body (e.g. winding and unwinding sacrum)
159. Scooping up of intestines and stomach
160. Shaking out
161. Eye movements (e.g. eyes closed, eye contact)
162. Flying movements
163. Try movements
164. Grounding movements
165. Bending over backwards
166. Curling over on belly
167. Supported movements
168. Recuperating movements
171. Being into feelings (being O.K.)
175. Expressing anger through a punch--Connecting her anger to not getting what she wants (e.g. making a fist and punching the ball when someone is not there for her, or punching the nagging homework)
176. Biting rhythm
177. Feeling sore (pain)
178. Twisting elbows together
179. Pulling (e.g. pulling arms down from above her shoulders)
180. Stopping an exercise that caused pain
186. Standing up
192. Running
193. Rhythmically pulling stretch prop
194. Swinging
196. Unwinding and winding up
213. Dynamic movement change
225. Feeling something in the pit of her stomach
226. Feeling tears behind her eyes
227. Sighing with head down
228. Moving in ways that make her feel good about herself (e.g. meditative exercise on smiling behind the eyes and cheeks)
278. Spinning around and hopping
279. Jumping with her heels together
288. Slashing movements with right arm across front of chest (anger towards stepfather)
290. Beginning to stand up for herself (e.g. standing with weight on her left leg, her right heel rubbing her left foot, rocking back

and forth between feet as she talks to her parent in a role play)

291. Movements to get in touch with anger (e.g. bigger swings, placing hand on stomach and moving from side to side, finding the connection between back and front of abdomen area, going to floor on back, laughing, jerking legs up, connecting kicking to her abdominal muscles)
302. Squeezing clay
303. Breaking up clay into smaller pieces
307. Saying "no" with a bubbly voice
313. Beating ball with drum rhythms
314. Tapping ball lightly and irregularly
315. Lying on ball and having negative feelings drain away
317. Exaggerating a sound until it sounds like a growling Godzilla

13c) Exploring weight efforts vs giving into weight on ball

94. Balancing parts of body
134. Sense of height
135. Sense of width
157. Rolling on a ball, giving weight to a ball
185. Feeling weight and shape of head
238. Recalling an injury that she did to her back when she lifted a heavy weight (proprioceptive recall)
286. Putting weight on one leg (e.g. being afraid of standing on both feet)

14. Space Usage/Floor Usage

14a) Leaving the ground/using the ground

39. Rolling to floor
134. Sense of height
135. Sense of width
136. Level changes

14b) *Grounded*

104. Standing ground physically (embodying, not arguing in her head)
107. Kinesthetic anchoring
118. Broadening her stance and increasing her anger
119. Narrowing her stance and feeling intimidated
164. Grounding movements

14c) Locomotion

14. Walking by herself (e.g. exploring walks)
31. Regressed movements
39. Rolling to floor

40. Undulating movements (with spine)
44. Crouching
60. Crawling
136. Level changes
148. Prancing
151. Movements in spaces (e.g. in a corner)
192. Running
211. African jazz walk
253. Power walking
276. Practising a walk that she likes

15. Moving while observing

15a) Watching self/therapist in mirror

15ai. Moving and looking at self/body/movements in mirror

206. Therapist and participant prancing towards mirror and back
277. Looking at calves and biceps in mirror
297. Totem pole line dance in mirror with therapist
299. Moving opposite arm and leg together and then moving alternate limbs
300. Moving with same arm and leg

15aii. Moving with therapist in front of mirror

66. Moving in front of the mirror by herself
67. Moving while observing self and therapist in front of mirror
206. Therapist and participant prancing towards mirror and back
297. Totem pole line dance in mirror with therapist
298. Moving one side and then alternating sides with therapist while looking into mirror

15b) Observing other external body movements

11. Positions
206. Therapist and participant prancing towards mirror and back
297. Totem pole line dance in mirror with therapist

15c) Observing self external body movements

62. Moving with therapist (e.g. participant and therapist both turning)
206. Therapist and participant prancing towards mirror and back
257. Copying therapist's movements
297. Totem pole line dance in mirror with therapist

16. Sitting Behaviour

16a) Chair and self movements

18. Sitting and talking

46. Posing
68. Switching chair positions
69. Facing an empty chair
155. Swirling in chair
181. Sitting beside therapist

16b) Sitting on floor

18. Sitting and talking
46. Posing

16c) Sitting on ball

18. Sitting and talking
37. Rhythm of movements
38. Time (e.g. moving fast or slow)
39. Rolling on floor (e.g. while sitting on ball)
319. Sitting and bouncing on ball
320. Sitting, bouncing, and talking on ball
321. Sitting and talking while rolling on ball

17. Using props

17a) Wrapping up or hiding under material

84. Hiding by being covered by object
188. Using long stretchy material (e.g. swinging the material)
195. Wrapping herself up
196. Unwinding and winding up
199. Using prop with a variety of body parts
246. Changing the look of her clothes

17b) Moving ball, bouncing, rolling, rocking, hitting, kicking, throwing ball

31. Regressed movements
37. Rhythm of movements
38. Time (moving fast or slow)
90. Rhythm progressions
157. Rolling on ball and giving weight to it
165. Bending over backwards (on ball)
166. Curling over on belly (on ball)
167. Supported movements
173. Sitting and talking while rolling on ball
197. Throwing ball
198. Bouncing ball
199. Using prop with a variety of body parts
239. Sitting, bouncing, and talking on ball
240. Sitting and bouncing on ball
271. Pushing ball into her stomach as she rolls back and forth
292. Tapping ball lightly and irregularly
313. Beating ball with drum rhythms
315. Lying on ball and having negative feelings drain away

316. Pushing ball into stomach as she rolls back and forth

18. Play

18a) Having fun moving
31. Regressed movements
190. Playing
216. Imaginative play/movement
217. Using an object in imaginative play
296. Crouching on floor in froglike position and hanging head over knees
301. Playing with clay on floor and sculpturing clay

18b) Imitating own or others' movements
75. Movement responses to therapist's touch
83. Playing with objects
190. Playing
257. Copying therapist's movements
322. Therapist and participant moving in parallel
323. Participant mirroring therapist's movements

18c) Playing with props
31. Regressed movements
187. Moving to music
188. Using long stretchy material (e.g. swinging the material)
190. Playing
195. Wrapping herself up
199. Using prop with a variety of body parts
217. Using an object in imaginative play
249. Twisting material
250. Tying a knot as a metaphor for knots in herself
274. Dancing by herself with music
301. Playing with clay on floor and sculpturing clay

18d) Posing
31. Regressed movements
46. Posing
174. Demonstrating weightlifting
190. Playing
260. Showing therapist her jogging movements
277. Looking at biceps and calves in mirror

18e) Dancing playfully and joyously
31. Regressed movements
133. Improvisation (freelance dancing, creative exploration)
190. Playing

223. Moving for fun and excitement
232. Enjoying an exercise (e.g. when her neck becomes long)
275. Moving with the rhythm of the music
295. Beating balls with drum rhythms

APPENDIX E

Definitions of Verbal First Order Themes

["P" refers to participant. M or D after the number refers to having this theme as unique to them. If no M or D appears, the theme is in common.]

1. Receiving something valued from session: P is aware of a feeling and/or thought about receiving something valued by P, such as a gift, a kind thought, or a warm gesture

2. Enjoying/having fun: P feels delight in the dance or activity in which she and the therapist are engaged

3. Liked talking about the things talked about: P expresses her satisfaction in talking about whatever was discussed in the session, e.g. talking about feelings or a body feeling

4. Awareness development: P recognizes and reflects upon some new learning, and/or acknowledges the large amount of learning she is experiencing herself as taking in; she is conscious of this process.

5. How P feels she uses therapist: P describes how she feels about and thinks about using the therapist to help herself or not. [D felt that she took advantage of the therapist's soft spot when she was a needy teenager in therapy before.]

6. P is aware of bouncing ideas off therapist for feedback: P acknowledges her awareness of letting the therapist hear her ideas in order to receive feedback in the safe place of therapy (therapist as testing ground). [P talks about some reflective but unusual ideas about herself.]

7. D Changing diet is a shock to body's system: Experiences and acknowledges that when she changes her diet, her body experiences a shock.

8. P's belief about how the body works/reacts: Any statements about how P thinks her body functions and reacts physically.

9. Food P eats: Any statements about the food that P eats.

10. Food P doesn't eat: Any statements about the food that P does not eat.

11. D Not knowing how to cook: Any descriptions that state that P does not know how to cook.

12. D P being able to cook in the microwave: Any descriptions that state that P is able to cook in the microwave.

13. D P not bothering to cook: Any descriptions that state that P does not bother to cook

14. Uncertainty about what the therapist wants/is asking for (purpose): Statements demonstrating that P is uncertain about the therapist's directions or questions.

15. P feeling the therapist has left out important part of exercise: Statements in which P questions the therapist about an exercise.

16. Therapist did not tell P how to do exercise/movement: P states that therapist did not give her as much instruction in an exercise of dance as she expected or wanted.

17. People will think P is weird when she does something: Statements indicating that P believes that other people, the "they," will think she is strange if she does a particular behaviour or movement.

18. Humour about exercises therapist asks her to do: Statements which indicate humour about exercises the therapist asks P to do.

19. D Not taking anything from someone she doesn't know: Statements indicating that P perceives herself as refusing to take anything from someone she does not know.

20. D Taking something from someone you don't know can hurt you: P's belief that accepting something from someone she does not know can hurt her.

21. D Not wanting to eat in front of someone: Statements which indicate that P does not want to eat in front of other people.

22. Speculation as to what therapist will ask her to do: P presupposes and suggests what therapist will ask her to do next.

23. Not wanting therapist to make her confront food: Statements which indicate that P does not want therapist to make her address her behaviours and emotions related to food.

24. D Wondering what therapy has to do with food: P makes statements which reflect about how therapy addresses food.

25. D Destroying food as therapy: Statements discussing giving away food or throwing food in the garbage in a manner which relates to bingeing foods; that is, P is instructed to bring in the same foods that she binges upon and give or throw them away.

26. D Choices she has to deal with food (exercises): Statements in which P addresses her perceived choices in her behaviour as related to food and weight control.

27. Confronting food: Statements which P makes that address her way of relating to and dealing with food intake.

28. D Destroying food as in destroying the problem: Statements which P makes which question the concept of destroying food as a way of managing her binge behaviour.

29. D P doesn't want to physically hurt the therapist: Statements which indicate that P does not want to physically hurt the therapist.

30. P doesn't want to mentally hurt the therapist: Statements which indicate that P does not want to hurt the therapist's feelings.

31. P doesn't want to get hurt during therapy: Statements which indicate that P does not want to get hurt during therapy.

32. P feeling she has to control her food: Statements which indicate that P is feeling out of control with regard to food and wants to gain more control over her food intake.

33. D Therapy is/could be expensive: Statements in which P indicates that therapy in general is

expensive and could be expensive to continue in the future after the sessions for the project are through.

34. Wondering how long a particular exercise will continue: P indicates that she is wondering how long a particular exercise will last.

35. Having to control food because of consequences: Statements which indicate P thinks that she has to control food because of her fear of the consequences of not controlling her food.

36. D P is controlling her appetite: Statements which indicate that P believes she is controlling her appetite.

37. Embarrassment/humbleness about her eating: P indicates embarrassment about her eating behaviours.

38. D When P couldn't control her appetite: Statements which indicate how P reacted when she could not control her appetite.

39. What made P look at her problem(s): Statements related to what P thought made her look at her problems.

40. Deciding not to binge: Statements which indicated that P has decided not to binge.

41. D All this food is expensive: Statements indicating that P thinks that all of her binge food is expensive, as is the food that she is asked to bring in to therapy to give away or destroy.

42. D Not breaking promises to therapist: Statements which indicate that P values keeping her promises to the therapist.

43. D P's honour/P keeps her word: Statements indicating that P likes and wants to be truthful.

44. What constitutes P's recovery: Statements which indicate what P thinks constitutes her food addiction recovery.

45. Embarrassment/liking therapy: Statements which indicate that P is shy about admitting that she likes her therapy and feels somewhat embarrassed about talking about her feelings towards therapy.

46. Desire to cure problem: Statements indicating that P has a desire to cure her problem (as in a medical cure).

47. Hopelessness/sadness/helplessness about problem: Feelings related to discouragement about solving emotional problems, including feelings related to depression (e.g. hopelessness, sadness, and helplessness).

48. Hopes about future after curing problem: Statements which indicate hope with regards to the future when P imagines she will have cured her problem.

49. Backsliding on efforts to cure problem: Statements indicating that P believes that she is reversing her efforts on curing her problem

50. Eating enough normally: Statements which indicate that P believes she is eating enough on a regular basis.

51. Permissiveness or not about feeling or having food: Statements indicating that P does or does not feel permissiveness about eating food.

52. Limiting or not limiting self with food (being stingy): Statements which indicate that P is concerned about limiting or not limiting her food intake.

53. Knowing what is good for her/following it or not: Statements indicating that P recognizes that she knows what is good for her and knows when she acts according to her best interests or not.

54. Characteristics of eating habits: Statements which describe the characteristics of P's eating habits.

55. P's perception of what is/is not healthy food: Statements which indicate P's perception of what she believes to be healthy or unhealthy food.

56. Not trusting self with eating habits: Statements indicating that P does not trust herself to eat properly.

57. Doing good things for herself: Statements which indicate that P thinks or feels she is doing good things for herself.

58.		Eating associated with family (e.g. father): Statements indicating that P associates her eating habits with family members.
59.		Cravings satisfied/not satisfied: P talks about whether or not her cravings or desires for food are satisfied.
60.		Fears about overeating: P discusses her fears about overeating.
61.		Bingeing vs. overeating: P discusses the differences she perceives between bingeing and overeating.
62.		Characteristics of bulimia (P's perception): P discusses her perception of bulimia.
63.	D	Overeater's Anonymous teachings/group: P discusses her feelings towards Overeater's Anonymous and its teachings.
64.		Questions about research on bulimia/anorexia: P questions the therapist about information regarding bulimia/anorexia.
65.		Guilt about overeating: Statements in which P discusses her guilt/shame about overeating.
66.		Acknowledging therapist's teachings with bulimia/anorexia/therapy: Statements indicating P has heard what the therapist is saying about treatment.
67.	D	Being stuck on O.A. teachings/beliefs about eating: Statements which indicate that P feels frustrated with her inclination to accept O.A. teachings.
68.		Changing beliefs/thoughts and the consequences: Statements which indicate that P is changing her beliefs and consequently her behaviours.
69.		Being encouraged about curing bulimia: Statements indicating that P is feelings encouraged about recovering from bulimia and changing this behaviour.
70.		Stopping the session/interview: Statements regarding finishing the session.

71. Emotions about being left alone in childhood: Statements discussing P's feelings about having been left alone in childhood.

72. Blaming self for problems/what happened to her: Statements which indicate that P blames herself for her problems or for what happened to her.

73. Anger/resentment/hatred: Statements indicating feelings related to anger, resentment, and hatred.

74. What P looks/feels like when she needs something: Statements that indicate what P looks or feels like when she feels needy.

75. Withdrawal: Statements indicating that P totally withdraws or hides from something.

76. No knowledge of how to help herself: Statements which indicate that P believes she has no knowledge of how to help herself.

77. Pain/anguish: Statements which discuss pain or anguish or indicate that P feels these emotions.

78. Feelings affecting her relationships: Any statements which indicate P's feelings towards her relationships and how she believes these affect her relationships.

79. Stress/tension: Any statements indicating thoughts or feelings about stress and tension.

80. P's mother: Any statements about P's mother.

81. P's mother being sick: Statements which indicate that P's mother is sick.

82. P's relationship with/likeness to her mother: P discusses her relationship with her mother and her similarities to her mother.

83. Clarifying that therapist's statement is true ("is that right?"): Any statements in which P checks out the accuracy of her understanding of the therapist's statements.

84. Frustration: Statements which talk about or express frustration.

85. D Stepfather: Any statements about P's stepfather.

86. Worry/anxiety: Statements which talk about or express worry and anxiety.

87. P's body reactions/symptoms/general observations (as in "I know this happens when I do this; my body does this"): Any statements in which P discusses her body's behaviour.

88. What P used (not) to do in prior years but does (not) do now (e.g. habits): P's reflections about her past behaviours as compared to her present behaviours.

89. Working out at the gym: Statements describing P's workouts at the gym.

90. P being sick/not feeling well: Statements which indicate that P is or has been sick.

91. Agreeing to do as movement therapist suggests (compliance): Any statements in which P agrees to follow the therapist's suggestions.

92. Not wanting to do as movement therapist suggests: Any statements in which P indicates that she does not want to do what the therapist has asked.

93. Body parts/statements about any of the following body parts: head/face, arms, legs, feet, neck, shoulders, hands, stomach, back/spine, torso, whole body, lungs, organs, hips, pelvis, eyes, brain, ligaments, muscles, buttocks, skin, heart, knees, liver, throat, or mouth.

94. Confronting others when they create problems with her: Statements which indicate that P is confronting others when they present situations which she sees as problematic.

95. P's sexuality: Statements in which P discusses her sexuality.

96. Conflicts with sexuality (others' behaviour towards her): Statements in which P indicates her inner conflict with her sense of her sexuality, or her thoughts or feelings about others' sexual behaviour towards her.

97. D Sister: Statements discussing P's sister.

98. D Brothers: Statements discussing P's brother(s).

99. Any members of P's family: Statements discussing any members of P's family.

100. D Prostitution: Any discussion of prostitution.

101. Disapproval of other's actions: Statements which indicate that P disapproves of others' behaviours.

102. AIDS: Any statements about AIDS.

103. School: Any statements about school.

104. Problems at school: Any statements about problems P perceives herself or others to have at school.

105. Discussing/not discussing sexuality or sexuality in general: Statements about the discussion of sexuality as well as sexuality in general.

106. Future plans: Discussion of future plans.

107. People P relates to: Discussion about people to whom P relates.

108. Books P has read: Statements including a discussion about books P has read.

109. Reincarnation/spiritual beliefs/existential questions: Any statements made by P which include a discussion of reincarnation, spiritual beliefs, or existential questions.

110. Direct quotes on her life (e.g. "my life is ______"): Statements made by P about how she perceives her life.

111. Direct quotes on herself (e.g. "I am ______"): Statements made by P about how she perceives her sense of self.

112. Goals: Any statements indicating P's goals.

113. Assuming therapist knows what P means/is talking about: Any statements which indicate that P is assuming that the therapist knows what she is talking about.

114. Working on own body outside of therapy: Any statements indicating that P is physically addressing her bodily needs outside of therapy.

115. Feeling/understanding movement/exercise: Any statements which indicate feelings about or understanding of a movement exercise.

116. Questions as to how to do movements/exercises: Any questions about how to carry out a particular movement exercise.

117. Massage and therapy are good for body/person: Any statements by P indicating that she thinks massage and therapy in general are good for a body/person.

118. Boyfriend: Any statements in which a boyfriend is mentioned.

119. D Range of motion exercises: Any statements about an approach to movement known as range of motion exercises.

120. D Patients P works with: Any statements in which P mentions the patients with whom she works.

121. Types of movement therapist is doing: Any statements which describe the type of movement P thinks the therapist is doing.

122. D Working at the hospital: Any statements which talk about P working at the hospital.

123. Questions for therapist as to observations therapist has made: Any questions P asks about observational statements made by the therapist.

124. Vomiting: Any statements in which P discusses vomiting or purging.

125. Clothing/shopping: Any statements in which P discusses her clothing or shopping.

126. Handling money: Any statements in which P talks about how she handles money and what she thinks about this.

127. Bitching: Any discussion or expression of what P perceives as undesirable feminine complaining.

128. Depression/sadness: Any statements in which P discusses her experience of being depressed or very sad.

129. Guilt: Any statements which discuss or express guilt (not only guilt about overeating).

130. Relaxing/peace: Any statements which discuss the experience of relaxing or feeling peaceful.

131. Time (spare time/no spare time): Any statements indicating that P has or does not have spare time.

132. Allowing/forcing herself to think/feel or not: Statements which indicate that P either allows or forces herself to think or feel.

133. Not working: Statements discussing not working.

134. Fellow student or friend: Statements which discuss fellow students or friends.

135. Telling someone how she feels (it's difficult, it has to be done, it felt good): Any statements discussing the behaviour of telling someone how P feels.

136. Jealousy: Any statements discussing jealousy.

137. D O.A. sponsor: Any statements discussing the Overeaters Anonymous sponsor.

138. Breathing/sighs: Discussions of breathing, including the breathing behaviour of sighing.

139. Remembering past sessions: Any statements in which P discusses what she remembers about past sessions.

140. Validating experiences/self: Any statements validating P's experiences or self.

141. Body image - P's feelings of her body: Statements discussing how P perceives her body image and feelings related to her body. [Diane is in synchrony with the image of a deflating tire.]

142. Therapist/participant relationship (J's & P's): Any statements discussing the therapist/participant relationship.

143. P's philosophies/observations of people in general: Any discussion about P's philosophies and observations of people.

144. Humour (what P thinks is funny): Any statements which are humorous or discuss humour.

145. Judging others/being judged: Any statements which discuss judging others or perceiving self as being judged.

146. Reciprocating: Any statements discussing the concept of reciprocation or simultaneous giving and receiving.

147. P is fed up/not going to take any more: Any statements in which P indicates that she has reached a threshold and is refusing to take more negative experiences.

148. Positive feedback from interchanges with others: Discussion of positive feedback from interchanges with others.

149. Not taking what others say/do personally: Statements suggesting that P plans not to take personally what others say about her, as she usually does.

150. Recognizing her own reactions/problems/solutions: Statements which acknowledge P's own reactions, problems, or solutions.

151. Admitting/letting others see vs. not showing/not admitting feelings/problems: Statements which either indicate an openness to others about feelings or problems or a shutting out.

152. Role playing/pretending she is the voice for stomach/hand/etc.: Any statements where P is role playing or discussing role playing a body part.

153. How P feels/acts when she doesn't feel like doing anything and feels bad: Any descriptions which indicate how P feels or acts when she does not want to do something or is feeling bad.

154. The way P talks to herself about overeating: Any statements indicating the way P talks about herself with regard to overeating.

155. P being critical of self/others: Any statements which indicate that P is critical of herself or others.

156. Abuse: Any statements discussing the experience of abuse or the concept of abuse in general.

157. P relating how she's feeling at the beginning of interview: Statements made by P at the beginning of the interview which indicate how she is feeling at that moment.

158. P feeling good about herself: Any statements indicating that P is feeling kindly or good towards herself.

159. What hurts P: Any statements which indicate something or someone hurts P.

160. Why/what P does/feels to relate to people: Discussion of how P relates to people.

161. P being lonely: Any statements indicating P's loneliness.

162. P's perception of herself/her actions: Any statements describing P's perception of herself and her actions.

163. Paranoia: Any statements indicating excessive fear, phobia, or paranoia.

164. Fear of other's opinions/self-esteem: Any statements indicating P's fear of other's opinions and the effect on her self-esteem.

165. P's perception of being a child/herself as a child: Any statements related to P as a child.

166. P protecting self/feeling threatened: Any statements discussing how P protects herself when she feels threatened.

167. Abandonment: Any statements discussing abandonment or being left alone.

168. Relationships with men: Any statements about P's relationships with men.

169. Not knowing what one wants: Any statements discussing the idea that P does not know what she wants.

170. Fear: Any statements expressing or discussing fear.

171. Taking a chance/risk: Discussion of the concept of taking a chance or risk.

172. Shyness: Discussion of P's shyness.

173. Control/not being in control/dominance: Any statements how P perceives herself or others being in control or not being in control.

174. What P wants to accomplish through therapy: Any statements discussing what P wants to accomplish through therapy.

175. Why/what starts P overeating: Statements which discuss why P starts overeating.

176. P's expectations of herself: Statements which express P's expectations of her behaviour.

177. P doing things to try to help herself: Any statements which discuss what P is doing to help herself.

178. Self evaluation: Any statements which relate to P evaluating herself.

179. D P's marriage engagement: Statements about P's marriage engagement. [D states: "I am engaged now, and I feel good about it. I have been calling Jo Ann to deal with issues that I have been unable to control recently. I need time to myself. I cannot tell Al all my problems. My feet feel stuck."]

180. Happiness/contentment/unhappiness: Any statements related to happiness or unhappiness.

181. Change in P's life: Discussion of change in P's life.

182. Having friends or not having friends: Statements related to P's experience of having friends or not having friends.

183. Embarrassment: Any statements related to embarrassment (not only embarrassment about liking therapy as in 45). [D states: "Putting sound to movement and hearing my own voice makes me embarrassed. I feel that my body image is fine and that a new wardrobe may help me. I am sad, but I am not familiar with expressing myself, as I am a reserved and self-conscious person. I fold a kleenex and scrunch my fingers when I am anxious. I need to talk in order to understand myself more."]

184. P being sick of her life, hating how she feels: Any statements in which P expresses strong feelings about disliking her life.

185. Death of friends or P's feelings about death: Any comments related to death.

186. Suicide: Any comments related to suicide.

187. Comparing movements to analogies in her life: Any statements in which P compares her movements to other aspects of her life.

188. P's recognition/perception that own experiences/feelings/problems are similar to others': Any statements in which P recognizes a similarity between her experiences and those of others.

189. P's co-workers: Any statements discussing co-workers.

190. Role playing life situation: Any statements regarding a role play of a life situation.

191. Closeness/distance: Statements which indicate that P recognizes closeness or distance in a relationship.

192. Courtship and romance: Any statements related to courtship and romance.

193. What P wants: Any discussion about what P wants.

194. Disagreeing with J's statement: Any statements which disagree with what the therapist said.

195. Feeling accepted by someone: Discussion of feeling accepted by someone.

196. P's possessions: Any statements which discuss P's possessions or belongings.

197. D Working on crafts: Discussion of P being involved with crafts.

198. D Daydreams: Any statements related to daydreams.

199. P's place of residence: Any statements which discuss P's place of residence.

200. Avoidance of feelings: Discussion of avoidance of feelings or expressions which indicate avoidance of feelings.

201. Determination: Discussion of perseverance as experienced by P.

202. Defensive: Discussion of defensive behaviours.

203. Philosophy of life: Any statements which refer to P's philosophy of life.

204. Desperate: Any statements discussing desperate feelings.

205. Support/caring/depending on someone: Any statements which suggest support of, caring about, or depending on someone.

206. Work in dance: Any statements which indicate work in the profession of dance.

207. Acknowledging J's statement: Any acknowledgement of therapist's statements (not only on the subject of bulimia [66]).

208. P's father: Any statements which discuss P's father.

209. P's relationship with/likeness to her father: Any statements which discuss P's relationship with or similarity to her father.

210. Questions about body: Any questions which P raises about her body or bodies in general.

211. Connections/links: Any statements which suggest that P connects or links two concepts (interrelationship). [D states: "Who I am and how I feel comes across in my body; if I am unhappy, my movements are limited. I need to look at my body positively rather than negatively. I need to give myself permission to accept myself as I am." p. 76 D Story]

212. Movement: Any statement which addresses movement.

213. Agreeing with J's statement: Any statements which indicate that P agrees with the therapist's statement.

214. Lived reality (opposite parts): Discussion of how P perceives reality, including paradoxes and conflicting parts.

215. Polarity: Any statements which suggest P experiences or perceives extreme opposites.

216. Integration of movement therapy into life: Any statements indicating that P conceives of or experiences integration of a movement therapy experience into her lived world outside of therapy.

217. Comfort/discomfort: Any statements which describe P having comfort or discomfort, emotionally or physically.

218. Criticism by others: Any statements discussing P's experience of criticism by others. [D states: "My mother criticizes my clothes, even though other people comment on them." p. 125 D Story]

219. Analyzing: Any statements in which P discusses analyzing.

220. Assumptions: Any statements which indicate an assumption or discuss the concept of assuming (not 113).

221. Dreams: Any statement about dreaming or a dream. [D dreamt that she was going out with XX's boyfriend and they were sexually attracted to each other. He looked like somebody else but she knew it was him, and felt guilty in the morning. D feels that he has an interesting character and likes him. D agrees with JoAnn that she dreamt about an archetypal guy. D admires this man (archetype). D finds it neat that the guy is constantly around gorgeous women but is still with XX. She notes that they have talked it out and he has told XX how he feels.]

222. Trust: Expression of or discussion of trust. ["Like I'll let out a little bit of myself and I watch to see what the reactions are. If they're favourable or if I find they're accepting then I feel more free to trust and to open up even more. And I think for a good loving relationship it's being able to talk with that person like who you are or who they are and talk about how you feel, and accepting each other and with your limitations and stuff too."]

223. Travel: Any statement about travel.

224. Massage/body work practitioner: Any statements which discuss a masseur or a body work practitioner.

225. Border issues/body boundary issues: Discussion of limit setting, self/other boundaries, skin boundaries, and any other issues related to boundaries.

226. M Having cured bulimia: Any statements indicating that P believes she has cured her bulimia.

227. M Dreambody: Any statements which relate to the body that comes from dreams.

228. P's routine: Discussion of P's daily routine.

229. M New Age thought: Any statements about New Age thought.

230. P punishing self: Statements about P punishing herself.

231. Physical violence towards P: Any statements discussing physical violence towards P.

232. P's parents' relationship: Any statements about the relationship of P's parents.

233. Murder (of P): Any statements discussing the hypothetical murder of P.

234. Feelings of being violated: Any statements which indicate feelings about being violated.

235. Archetype: Discussion of symbolic figures which relate to the Jungian notion of archetype.

236. P as teacher: Any statements which discuss P as being a teacher. [M states: "I am recently experiencing myself, in the classes I teach, as a combination guidance counsellor and teacher. I am also striving for more spiritual growth."]

237. M P's student(s): Any statements about P's students.

238. M Purification/pollution (e.g. acid rain): Discussion of ideas and symbols related to purification or pollution of self or environment.

239. Others' expectations of P: Any statements expressing others' expectations of P.

240. Childhood teachings: Discussion of ideas taught to P as a child.

241. Surprise: Any statements discussing surprise or feelings about surprise. [M states: "Feelings and thoughts sometimes surprise and confront me." p. 44 M story] [D states: "I have been thinking that people do not care; when I find out they do, I am surprised." p. 152 D Story]

242. Self-confidence: Any statements indicating self-confidence or discussing the concept of self-confidence.

243. Not understanding (confusion): Any statements which indicate that P is confused or does not understand something.

244. Self-acceptance and acceptance of self by others: Any statements in which P discusses self-acceptance. ["Somebody accepts me like when I get moody. Cause I feel like I'm unstable a lot, like sometimes I can, I change, like my moods change. I can be happy one day and the next day I can be down for no reason, I don't know why and I need to know that that would be accepted." p. 5 D Jan 23/88]

245. Competitiveness: Any statements about competing or the concept of competitiveness.

246. Voice: Any mention of P's voice or of expressing one's own voice.

247. Creativity (creating something): Any statements discussing the process of forming a new idea or creating a dance.

248. P's perception of her body/movements on video: Any statements in which P describes her perception of her body or movements as seen on the video.

249. Miscellaneous comments on operation of video/watching video: Any statements about the operation of the video equipment or watching the videos.

250. Loss (e.g. "letting go"): Discussion of the experience of loss or letting go as compared to the experience of trying to keep or hold on to someone.

251. Imagining: Any statements which discuss or express the experience of imagining.

252. M Hypnosis/trance: Discussion of hypnosis or trance as well as statements which relate to the experience of trance.

253. Beauty/gracefulness: Any statements which discuss the aesthetic experience of beauty or gracefulness.

254. Energy level (e.g. tired, full of energy): Any statements which indicate P's or the therapist's level of dynamic energy.

255. Splitting (e.g. all good or all bad, inner vs. outer): Discussion of attributing qualities of all or nothing, good or bad, mind or body in a manner which polarizes experience for the purpose of defending one's inner psychological state.

256. Ambivalence (e.g. "edges," sitting on the fence): Any statements which indicate P is unaware of possessing any particularly strong opinions about a certain issue. [D states: "He (my fiance) is angry towards me at times, but I do not want to hurt him. We both have second thoughts sometimes, but the relationship is good. For the first time in a long time I feel great. Al gives me support. It hurts Al to see me when I get depressed or unsure."]

257. Violence in self or environment: Any statements which discuss the concept of violence in self or in the environment.

258. Violence towards self: Any statement which discusses violence towards self.

259. Security (feeling secure)/insecurity: Discussion of P's sense of security or insecurity.

260. Limits/boundaries: Any statements which indicate P's conception or experience of limit-setting or self-other boundaries.

261. Balance: Any statements about emotional or physical balance.

262. M Integration: Any statements about integration or interconnectedness (not 216).

263. Questions for therapist about how techniques work: Any questions asked by P related to how the therapist uses certain techniques in treatment.

264. Curiosity/fascination/wonder: Any statements which indicate curiosity, fascination, and wonder.

265. Energy: Any statements which indicate a discussion of energy or the experience of energy.

266. Concentration/focusing: Discussion of P's concentration, ability to focus, or experience of focusing.

267. Sensory modalities: Statements which refer to auditory, kinesthetic, visual, olfactory, or gustatory senses. D's story states: "She has me focus on my heart and think of a colour. She tells me to accept the thoughts that are there."

268. Nature/environment: Any statements which discuss nature or the environment.

269. Traditional (organized) religion: Any statements discussing traditional organized religion.

270. P's being/staying healthy: Any statements in which P discusses her concept or experience of being or staying healthy.

271. Being alone: Any statements which discuss P's concept or experience of being alone.

272. Addiction: Any statements which discuss P's concept or experiences of addiction.

273. Faith: Any statements which discuss P's concept or experience of faith.

274. Forgiveness: Any statements which discuss P's concept or experience of forgiveness.

275. Friend with cancer: Any statements related to P's experience regarding a friend with cancer.

276. Illness of friends or P's feelings about illness: Any statements which include P's experience of illness.

277. Caring about/for others: Any statements which indicate P's caring about others.

278. Giving of self to others: Any statements which indicate P experiences giving herself to others.

279. Getting older/aging: Discussion of getting older. In some cases, it is about becoming elderly.

280. Destruction/deformation: Any statements about concepts related to destruction and deformation.

281. M Pollution in a personal sense (being defiled): Any statements relating to pollution of self.

282. M Masculine side in distress: Any discussion of P's masculine attributes being in distress.

283. Subdivisions: Any statements describing subdivisions of self.

284. Being stripped: Any statements describing P's sense of being stripped physically or emotionally.

285. Change (e.g. transformation in dream): Any statements which describe change or discuss transformation.

286. M Infertility: Any statements which discuss the concept or experience of infertility.

287. Dancing the dream parts: Discussion of dancing parts of a dream.

288. P's former psychologist/psychiatrist: Any statements which refer to P's former experience of her psychologist or psychiatrist.

289. Objects for memories: Any experience from the past which relates to specific objects.

290. Restlessness: Any statements that discuss restlessness.

291. P's perception of herself as a teenager/youth: Any statements which discuss P's perception of herself as a teenager.

292. Adventure: Any statement which discusses adventure.

293. Self-contradiction: Any statement which discusses self-contradiction.

294. Parents' rules for P: Any statement discussing her parents' rules for P.

295. Dating: Any statements that describe P's concept or experience of dating.

296. Conflict: Any statements that describe P's concept or experience of conflict.

297. Peers: Any statement discussing peers.

298. D Club membership: Any statement discussing club membership.

299. Consciousness/automatic knowing: Any statement that discusses P's sense of consciousness and/or automatic knowing.

300. Things going well for P: Any statement which indicates that P believes things are going well for her.

301. D Stinginess with love: Statements about P's experience of others' lack of generosity with love (compare 52).

302. Love: Any statement about love.

303. P's being herself around others: Discussion of when and how P believes herself to be self-experiencing around others.

304. D Graduation from school: Any statements related to graduating from school.

305. Choices/decisions in life: Any statements related to choices and decisions in life (not 26).

306. D P's marriage: Any statements related to P's marriage.

307. Separating from parents: Any statements related to P's separating from parents.

308. D Rings (e.g. wedding): Discussion which includes the symbol of the wedding ring and its meaning to P.

309. P's boyfriend's family: Any discussion including comments about P's boyfriend's family.

310. Strength/power: Any comments directly referring to physical or emotional strength, including references to a sense of power or force.

311. Magical thinking: Any discussion which directly or indirectly refers to magical thinking such as found in developmental psychology, Jungian analysis, mythology, and superstition.

312. P's struggle/fight (e.g. for health, for a fuller life): Statements which describe P's sense of emotional struggle, also demonstrated in movement by simulated pushing and pulling.

313. Growing up emotionally: Any discussion describing P's experience of growing up emotionally, either during the sessions or in her history.

314. Language: Any reference to language.

315. Laughter: Expression of laughter or talk about laughter.

316. Crying or not: Any statements which discuss the idea of crying or inhibiting crying.

317. Courage: Any statements which discuss or suggest a courageous or brave action or feeling.

318. Reaching out to others (e.g. for help): Discussion about the concept of reaching out to others for help or contact.

319. Questions about value of exercise/therapy (will it work?): Any statements by P which question the therapist about movement or therapy in general.

320. P's instructors: Any statements which directly refer to P's instructors (occupational therapy or dance).

321. Pacing (slow, fast, etc.): Any statements in which P talks about the rhythm or speed of therapy, known as pacing when it involves a therapeutic sense of timing.

322. D Hearing her own voice on tape: Any discussion of hearing P's own voice on tape.

323. Self-consciousness vs. spontaneity/freedom: Any discussion about self-reflection that refers to self-consciousness vs. uninhibited self-expression.

324. Expressing feelings through movement/exercise: Any discussion of expressing feelings due to the experience of a dance or a movement exercise. [D states: "I describe how the flexpoint exercise feels. I laugh because I am embarrassed. I attribute my embarrassment to the inhibitions I learned as a child. I talk about where I look when I am dancing. I find it difficult to look in people's eyes. I felt very stiff when I was dancing at the beginning of the session. My movements do not flow when I am caught up in how I look." p. 69 D Story] Thinking about things disturbs the continuity and flow of my movements.

325. D T.V. shows/watching T.V.: Any statements which refer to T.V. shows or the act of watching T.V.

326. Grief/mourning: Any statements referring to P's experience of or thoughts about grief or mourning.

327. Appreciation/gratitude/thankfulness: Any statements in which P refers to the experience of appreciation of anything.

328. D Social dance: Any discussion about the experience of social dancing.

329. Dance classes: Any statements discussing dance classes. [D states: "Dance is not as physically demanding as working out in the gym. I wish that I had danced more as a child. I am angry at what I lost as a child. I am afraid of being a klutz in dance class and was frustrated with a Jazz class I used to attend. I am not sure if I will go back to dance class. I might, since I have more time this year, but I wonder if I will get around to it".]

330. Posture/posing (e.g. in body building): Any discussion of P's demonstration of her posture through body poses, especially related to body building. [D states: "I wonder if I am doing this for the wrong reason: competitiveness. Muscles are short-lived if one does not keep at

it. Competing is not worth it for me; I only want to stay healthy and in shape, and feel good about my body. I feel sorry for people who get caught up in building their muscles and working out. I do not want to base my self-esteem on my body."]

331. Pride vs. conceit: Any discussion about distinguishing a sense of pride in a behaviour vs. comments that relate to narcissistic conceit. [D states: "It was fun building up my muscles and showing them off. I do not think it is bad to show off. I think there is a difference between being proud and being conceited."]

332. D Shoplifting: Any comments which discuss shoplifting. [D's story states: "I talk about why I used to shoplift and why I was a compulsive shopper."]

333. How P talks to herself about her self-criticism: Any discussion about how the participant talks to herself regarding self-criticism.

334. Softness/gentleness: Any references to emotional or physical softness or gentleness.

335. Questions about purpose of exercise: Any questions about the purpose of the exercise, that is, the therapist's reasons for suggesting an exercise.

336. Inner image vs. outer image: Any discussion of P's inner image of herself vs. the image of herself she thinks she presents to others.

337. Teachings about bulimia/anorexia from books/films P has encountered: Any comments about educational or therapeutic information regarding bulimia/anorexia.

338. Music: Any discussion which involves music.

339. Fulfillment: Any comments discussing P's sense of fulfillment or satisfaction with self about something she felt or did.

340. Developing a relationship/attraction: Discussion about the development of a relationship or attraction to a person.

341. M Lake: Any discussion about the meaning or experience of being a lake in a dance or what a lake might mean as a dream-symbol.

342. M Derrick: Any discussion about the meaning or experience of being a derrick in a dance or what a derrick might mean as a dream-symbol.

343. Feeling ashamed: Any statements which discuss feelings of shame.

344. Brittleness/boundness: Comments about the bodily experience of feeling brittle (having a bodily-felt sense of rigid tension mixed with vulnerability).

345. Vulnerability: Any comments referring to vulnerability, as in sensing one's potential destruction or potential injuries to the body.

346. Pretending: Any statements referring to the experience of make-believe or pretending.

347. Sarcasm: Any statements about the expression or experience of sarcasm.

348. Working too much: Any statements which discuss P's experience of working too much.

349. Healing: Any comments about healing.

350. M Ritual: Any comments about P's experience of ritual or ideas about ritual.

351. Following/leading: Any comments referring to the experience of following or leading, either in movement or in ideas.

352. After-effects of session: Any statements which refer to experiences or ideas reflected upon after the session.

353. Feelings of failure/success: Any statements which discuss or express feelings of failure or success.

354. Feeling irresponsible: Any comments by P about her feelings that she relates to irresponsibility.

355. Disappointment: Any statements about P's experience of disappointment.

356. Wanting more: Any statements which indicate the experience of wanting more of something.

357. P's experience of her dance/movement: Any statements which refer to P's experience of her movements or dances.

358. Physical effort (e.g. pushing): Discussion regarding the extent of physical effort involved in a movement experience (such as pushing).

359. Physical resistance (e.g. a weight): Comments referring to a physical resistance, such as an imaginary weight on someone's shoulders.

360. M Serpent image: Any references to serpents in a symbolic sense.

361. M Teeth: Any references to teeth in a symbolic sense.

362. Weakness: Comments which discuss the experience of weakness, both emotional and physical.

363. Proving things/self: Any discussion involving the experience of wanting to prove oneself or one's ideas.

364. Expressing feelings/self through art: Any discussion about expressing feelings and/or self through any form of art.

365. Physical fitness: Comments which refer to physical fitness.

366. Recognition for P's work: Any comments about recognition for P's work.

367. M Politicians/politics: Any discussions referring to politics or politicians.

368. M Greed/hoarding: Any comments which refer to an experience of greed or hoarding or a discussion about the idea of greediness.

369. Levels (e.g. physical, spiritual): Any comments about philosophical orders of reality or levels of metaphysical reality.

370. Taking: Any comments about taking something.

371. M Hollowness: Any comments about the experience of or concept of hollowness.

372. M Expelling/releasing as shit: Any comments which relate to the experience of expelling or releasing shit which can be metaphorical or physical.

373. M Being a conduit: A description of the experience of being a conduit, as in mediating or conducting.

374. Symbols/images: Any statements referring to symbols or images.

375. Receiving: Any statements referring to the act of receiving something.

376. M Mediocrity: Any statements which refer to the concept or experience of mediocrity.

377. Inner wealth: Discussion about having a sense of inner wealth, as in richness of ideas, fulfillment, creativity, or love.

378. How P thinks the world should work: Any statements which discuss P's ideas about how the world should function.

379. Insanity: Any comments referring to P's ideas about or feelings towards insanity.

380. Dependence/independence/interdependence: Any discussion which includes the concepts of dependence, independence, or interdependence.

381. Dance forms: Statements discussing various dance forms.

382. Defending other people: Any comments which directly or indirectly defend other people, as well as any discussion regarding defending other people.

383. Movement therapy: Any statements made by P which describe movement therapy or a movement therapy experience.

384. Verbalizing movement therapy experiences ("putting it into words"): Any discussion about P's movement therapy experiences.

385. M Existential-phenomenological research: Any statements made by P about existential-phenomenological research.

386. Dance/movement as primal animal: Any discussion about movements in which P is an animal and experiences this animal in a primal manner.

387. Kinetic knowing (e.g. images coming through movement): Any statements discussing the images which came from dances or movements.

388. Emotions, e.g. as brought forth by movement, kinesthetic and feeling: Any statements discussing emotions which came from the experience of a dance or movement.

389. Freedom vs. discipline and bondage: Any discussion of the concept and experience of freedom versus the concept and experience of disciplining oneself.

390. M The artist's role: Any statements referring to P's ideas of the artist's role in society.

391. M Cycles: Any statements directly referring to cycles in a seasonal, emotional, or creative way.

392. M Writing/storytelling: Any statements which refer to writing or storytelling.

393. M Sayings/traditional wisdom: Discussions about wisdom passed on traditionally or through sayings.

394. Apologizing for/feeling sorry about past actions: Any statements referring to feeling sorry for past actions or to the behaviour of apologizing.

395. P's feelings about talking about herself/her feelings in general: Any statements in which P discusses her feelings about talking about herself.

396. What P feels is self-indulgent/selfish: Any discussion about what P thinks or feels is selfish.

397. M Being forced to perform (e.g. dance or play an instrument): Any discussion about the experience of feeling forced to perform (e.g. dance).

398. Response to praise: Any statements which refer to P's experience of her response to praise.

399. Patterns in P's life: Discussion of patterns in P's life and how they affect her.

400. Blaming/giving credit to other for what happened to her vs. accepting responsibility for own actions/problems: Any statements which discuss the experience of blaming others vs. reflecting upon P's own behaviours and focusing on her own sense of responsibility for her life.

401. How P approaches situations: Any discussion about how P thinks she approaches situations or circumstances.

402. Martial Arts: Any statements referring to any of the Martial Arts.

403. Sitting (e.g. in a chair): Any statements discussing sitting behaviour or feelings about sitting.

404. M The afternoon that the bulimia started: A specific reference to the time that bulimic behaviour began for P.

405. What P thinks is important: Any statements which discuss what P thinks is important in general.

406. M Doctor's reaction to P's being bulimic: Any statements referring to a doctor's reaction to P's bulimia.

407. M P's mother having an eating disorder: Any statement referring to P's mother having a bulimic disorder.

408. Doubt/uncertainty (e.g. about when something happened): Any discussion regarding doubt or uncertainty about an event.

409. Frequency (i.e. how often something happens): Any statements referring to frequency of time.

410. Rage: Any discussion or expression of rage.

411. Laziness: Any discussion of laziness.

412. Injury: Any discussion of injury.

413. Fashion: Any comments relating to fashion.

414. P's quest (searching, seeking): Any discussion of P's ideas about exploring and searching life.

415. Wishing: Any discussion about or expression of a wish for something. [M wishing to make images in meditation] [D states: "I wish I did not have so many doubts."]

416. Growth/development (e.g. getting over split/finding own self): Any statements referring to P's sense of her own growth or development.

417. Speaking to or from parts of self: Any statements discussing the idea of speaking to or from parts of self.

418. Hearing a part of self: Any statements discussing the idea of hearing a part of self.

419. Being on guard/vigilance: Any statements referring to a sense of having to be on guard or cautious about something.

420. Name calling (e.g. sweetie, profanities): Any statements which refer directly to name calling or which express name calling.

421. Direct movement quotes on herself ("this is how I normally/used to _____"): Any direct statements made by P about how she does something.

422. Direct movement quotes on others: Any statements made by P which describe the movements of another person.

423. Going for lunch or coffee with friends: Discussion which relates to going for lunch or coffee with friends.

424. Normality (what P thinks is normal/abnormal): Any comments about what P thinks is normal or abnormal.

425. P's expectations of others: Any statements which directly or indirectly suggest P's expectations of others.

426. Ending a friendship relationship: Any statements discussing the ending of a friendship.

427. Advice from others: Discussion about the experience of advice from others.

428. Remembering life events from past: Any statements which involve the recall of past life events.

429. Acting out the dream parts: Discussion of the experience of acting out dream parts.

430. Overwhelmed/feeling overwhelming: Discussion about the experience of being overwhelmed by something or someone or sensing that one is overwhelming to others.

431. Not talking to others: A discussion about the experience of not talking to others.

432. Intention to do/meaning to do/plan: Any comments which refer to intention to do/meaning to do/plan.

433. Perfection: Any statements referring to the experience of perfection or ideas about perfection.

434. Replacing one feeling with another: Any statements referring to P's intention to replace one feeling with another.

435. Leaving: Any discussion about leaving.

436. Perceptions of the world: Any discussion about P's perceptions of the world.

437. Asking for what P needs: Any comments about the action of P asking for what she needs.

438. D Screaming: Any comments related to screaming or the experience of screaming.

439. Paying/not paying therapist: Any discussion about paying or not paying a therapist for treatment.

440. Specific times mentioned: Any statements which refer to specific times.

441. Fitting in/not fitting in: Any statements which discuss ideas or feelings about fitting in or not fitting in to a particular situation.

APPENDIX F

Movement First Order Themes, Definitions, and Examples

["P" refers to participant. M or D after the number indicate a unique theme for that person. Otherwise, if no letter is present, the theme is in common.]

1. Engaging: P allows self to behave in a way that shows consensus (e.g. nodding the head "yes" or moving synchronously with the therapist). The meaning suggests joining behaviour and rapport.

2. Warmup: P allows body to move in a manner that physically warms up the muscles and/or emotionally prepares her for being present in the room (e.g. either reflective, slow movements or accelerated movements at the beginning of a session or an exercise). The significance of these movements suggests a means whereby the participant can become physically and psychologically oriented towards dancing within the dance therapy context and/or can begin to focus upon her bodily-felt senses.

3. Contrasting movement qualities between P and therapist: P and the therapist employ different effort-shape movements (e.g. contrasts in effort qualities such as *time*, *weight*, *flow*, *space*, or *shaping*) as they engage in conversation or a shared dance or movement. The meaning of this theme involves differentiation of self and other in movement. It also relates to varying degrees of individuality in movement at any given moment during conversation and dance.

4. Leading vs. following movement: P moves and is followed by the therapist; P becomes a movement leader at these times. The psychological significance of leading involves the development of leadership, self-confidence, and independence.

5. Cool-down movements: P allows body to rest and come back to a sense of being centred, or catches her breath in a manner that allows her body to physically cool after an activity. [Therapists's meta comment: Psychologically this relates to physically and emotionally coming to a sense of balance and/or centre after exerting herself in movements.] (M states: "Western dance training is not balanced. I train ballet students in breathing and emotions. I have a particular

muscle that needs work. The movement hurts my knee. I hate coolness but I like winter. I continue to think about the movements and how they feel.)

6. Animal archetype movements: P allows herself to enter the movement experience of the archetypal form of an animal. (e.g. M moves like a snake.) Psychologically, M experiences these archetypal movements as coming from her need to identify with the snake-self, reptile symbol, exploring her sensual and sexual self. She talks about learning from these movements and creating solutions which she applies to her body/mind problems in her lived-world.

7. Therapist mirroring P's movements: [Therapists's meta comment: Movement observations of the videotape show that the therapist is following effort-shape qualities similar to those demonstrated by P.] (For example, M's movement story states: "Jo Ann and I meet, each with one foot together, then meet with two feet. Jo Ann holds my hands, lets go of my left hand and keeps holding my right hand. We sit up, meet with the other hand as Jo Ann mirrors me.") Psychologically these mirroring movements are significant at the level of narcissistic development of the self -- learning to appreciate and love the body-self. Jung termed a female's need to be mirrored, the echo complex. Children develop a healthy attitude towards themselves when parents mirror them. Being observed and having the therapist pay attention to one's body movements and reflect them back is felt by P in physical and emotional ways.

8. M Near-touch movements: P and the therapist almost touch but do not touch; sustained bound movement at close range is noted. (e.g. M and the therapist danced in a manner where their hands were very close and M experience a great deal of energy and a sense of luminal transcendence). The psychological significance of the near-touch experience was that M felt a sense of time distortion and a sense of spiritual connection with her dance partner, which helped to establish closeness and excitement, raising M sense of wonder about herself,life, and relationships.

9. Touching: P and the therapist engage in physical contact. (e.g. M and the therapist join hands in

a dance or the therapist touches M's back in bodywork.) The psychological significance of the touch varied, but it was associated with contact, healing, warmth, and/or connecting.

10. Breathing: Breath related movements of the chest. (e.g. movements observed when P exhales, inhales, or engages in deep breathing) The psychological significance of breathing varied. One example talked about by M, occurred when she accepted her breathing as being just right, symbolizing an acceptance of herself as just right. Self acceptance was an important psychological step for M.

11. Positions: Taking any body position, whether dance-specific (e.g. a ballet position) or during improvization (e.g. a statue position). The psychological significance of experiencing a bodily-felt stance parallels a metaphor for being able to take a position, or a new position, or an awkward position, or even a familiar position and to recognize one's stance for what it is or does in one's life.

12. Dancing a feeling: These movements follow a verbal intent to put a feeling to movement; feelings also arise spontaneously in the dance and are clearly seen by the observer and later talked about by P. The psychological significance of such dancing a feeling is that P expresses renewed physical aliveness and/or emotional expressiveness that feels essential to her beingness. (D states: " Doing something physical helps me express my anger. During the exercise I was trying to get away from my anger. My breathing often becomes irregular and tight when I am anxious. I agree that I can try saying something nurturing to loosen up my breathing. I find it difficult to focus on what is going on inside my body, although I am getting better at identifying my feelings.)

13. Image dancing: Images that occur when P dances an improvization and develops the image during the dance. Sometimes, when visual images are brought in by P or the therapist, P develops them into movement while thinking about them initially. ("D states: I find it difficult to feel peaceful or imagine light flowing through my body; I get blocked by my negative thoughts.) The psychological significance of these experiences is to expand P's ability to create and expand upon a

visual image, embodying it and moving in it for her own purposes.

14. Walking by herself: P explores walking alone and being observed by the therapist. The psychological significances of this behaviour include a reflection on the metaphor of walking through life on one's own two legs, while at the same time being observed by others (represented by the therapist).

15. Spinning: P turns around the centre of her body in a fairly repetitive and quick manner. The psychological significance of this movement involves sensing a natural centring movement that children often do while exploring getting dizzy, vertigo, and tolerance for centrifugal movements. An appreciation for control and lack of control of nausea is frequently learned by these explorations.

16. Direction change: P clearly moves in one direction and then a movement change indicates that she has taken a different direction. These directional changes may or may not be brought to the attention of P. When the therapist did, on occasion discuss the experience of directional change, it was related to such dynamics as making decisions to go a certain way or not, verses just letting one's self be passively influenced.

17. Directional movements: P senses herself moving through space in a linear, *arching*, circular, or diagonal manner, either to a particular place or from one place to another. The psychological significance of exploring directional space with the body.

18. Sitting and talking: P demonstrates sitting behaviour while talking. The movement profile of the sitting and talking gestures communicated subtle information which the therapist often noted and sometimes addressed.

19. Balance: In these movements, balance is either indicated (e.g. P is on her toes for a period of time) or explored (e.g. P is off and then on balance); balance suggests having body weight placed in the centre.

20. Receiving movements: P either posturally or gesturally indicates receptivity through her

movements, such as opening her arms or cupping her hands. (M stated: "I talked with Jo Ann about how I did not open up to anyone, but usually chose to dance my feelings.")

21. M Goddess images in movement: Dances and poses which indicate movements associated with Demeter, Artemis, and other goddesses

22. Personifying an object in movement: P indicates that through her movements, she is bringing to life aspects of being an object; she embodies a personalized sense of the essence of the object

23. Energies in movement: Dynamic movements which range from lively and quick to sustained, limp, and lethargic.

24. Kinesiology experiences: Movements related to kinesiology exercises introduced by the therapist and moved by P.

25. Massage experiences: Body work, hands-on soft tissue manipulation that P experiences (with clothes on).

26. Connecting moving body parts: When P links one part of her body to another part of her body (for example, a hand to a thigh) while both parts are moving.

27. Sensual movements: Indulged explorative movements over an extended period of time (e.g. stretching leisurely).

28. Sculpturing movements: Limbs carving through space and arriving at a sculptured form, or the sculptured whole body in stillness after movement has occurred.

29. Constructive rest: An ideokinesiology exercise which involves lying on the ground with knees bent at a ninety degree angle, while the arms relax either by one's side or above one's head

30. Role playing movements: Movements which occur during a role play, an imaginary acting out of dreams, social possibilities, or parts of self.

31. Regressed movements: Spontaneous movements typical of younger children or adolescents,

considered regressed or referring to an earlier developmental stage of life.

32. Isolation movements: Moving one part of the body while keeping the rest of the body as still as possible.

33. Fidgeting movements: Habitual behaviours (sometimes called neurotic behaviours) frequently done by P and of which P is usually quite oblivious.

34. Exploring movements: Movements performed by P while engaged in unknown movement patterns or in an improvized dance.

35. Exercising: Movements during a formalized or informal exercise type of movement (for example, bending over and touching one's toes).

36. Fingers moving and feeling: Any movement by the fingers, whether moving the fingers themselves for their own sake or touching others for the purpose of feeling (proprioceptive).

37. Rhythm movements: Any movement combination that indicates a repeated pattern of rhythm or percussion.

38. Time: The effort-shape of quickness or sustained movement as demonstrated by P

39. Rolling to floor: P either rolls to the floor with the help of a prop or rolls to the floor of her own accord.

40. Undulating movements: Movements which show a continuum of movement from one vertebrae to the next or from one part of the body to the next in a flowing movement (for example, spinal movement or wavelike movements).

41. Body parts becoming animal body parts: Movement of a body part which represents an animal body part (e.g. arms as wings).

42. Body limitation in regards to movement: Recognition by the therapist or P of the immobility or restriction of a body part upon an intent to move this body part in a particular way.

43. Sense wounded body: Any movement which indicates an injury or crippled movement.

44. Crouching: Bending and lowering of the body towards the floor (for example, in a squat).

45. Primitive movements: Any behaviour or dance incorporating primordial images or primal movements which could be considered primitive in nature (e.g. stomping on the ground or opening the mouth in an exaggerated oval shape).

46. Posing: Any body pose (e.g. flexing the muscles or demonstrating a body felt stance) P found meaningful.

47. Synchronous movements: Any movements by one part of the body which are similar to and simultaneous with those of another part; any movements shared by two people which are similar in rhythm and/or form.

48. One side of body opposing the other: One part of the body directs certain movement efforts which are dissimilar or opposed to those of another body part (e.g. the right hand makes a closed motion to the right of the body while the left makes an open, scattering motion to the left side).

49. Holding body parts or body: Observed, bound movement or firm, held muscles are noted by P and/or the therapist in parts or all of the body.

50. Magnetic pulling: The spell-like drive lacking the *time-effort;* there is an intensity in these movements related to *direction*, *bound-flow*, and *light* (*weight-effort*).

51. Shaking head no: Moving the head from left to right and back repeatedly.

52. Shaking head yes: Nodding head up and down.

53. Rubbing self: Any gesture in which P rubs part of her body.

54. M Earth images: Any of P's movements while enacting images relating to the earth (e.g. mudslide).

55. M Metamorphosis: Any of P's movements while enacting a change of one's body image into another, at a level of transcendence.

56. Comforting movements: Any of P's movements she or the therapist observed to be comforting to her (e.g. stroking self or hugging self).

57. Pointing the finger: Movements in which the finger was pointed at someone or gestured during conversation.

58. Spasms: Muscle movements indicating involuntary release and contractions of the muscles.

59. Closure movements: Movements P sensed as completing a phrase, dance or session (e.g. gathering, centring, releasing).

60. Crawling: Movements in which P crawls on the floor.

61. M Trance dance: Twirling and centring of the body while turning the body around its central axis.

62. Moving with therapist: Any movements done by P with therapist.

63. Variations on movement efforts: P purposefully explores variations of movement quality and how this feels.

64. Walking with therapist: P walks with therapist.

65. *Shadow* movements: Movements of which P s unaware until they are brought to her attention.

66. Moving in front of mirror by herself: Any of P's unaccompanied movements in front of a mirror (while therapist was over to the side).

67. Moving while observing self and therapist in front of mirror: Any of her own movements observed by P while P and therapist are moving at the same time in front of the mirror.

68. Switching chair positions: Any movement experiences referred to after the therapist has instructed P to take a different chair during a role play.

69. Facing an empty chair: P sits facing an empty chair during a role play.

70. Shifts: Any body part shifts or body shifts of movement (e.g. changing hands or shifting body weight).

71. Lifting: Lifting movements done by P.

72. Rising: Any movements in which P rises to her toes or indicates that her arms are rising above her head; any movements which give the sense of rising while the therapist watches P.

73. Forward movements: Any movements which occur in a forward direction.

74. Backward movements: Any movements which occur in a backward direction.

75. Movement responses to therapist's touch: Any observed movement or felt movement which occurs after the therapist touches P.

76. M Arching: Movements which indicate a backward or forward arching movement of the spine.

77. Lowering: Any movement that brought the body closer to the ground (e.g. the body sinking towards the floor) or lowered a body part (e.g. an arm lowering).

78. Gestures: A body limb moves peripherally in a way which does not suggest it was initiated by the central body (e.g. a fist is made but there is no sense of the whole body being clenched).

79. Laying down: Any movement that indicates P is laying down.

80. Relaxing: Any movement the therapist or P experiences as relaxing.

81. Leaving movements: Movements which occur at the end of the therapy or the session (e.g. an ending dance or a hug at the end of a session).

82. M Counter-tensions: Diagonally felt or seen muscular tensions experienced by P.

83. Playing with objects: Any playful action which involves an object being played with.

84. Hiding by being covered by object: P is covered by something and believes herself to be hiding

from something; therapist engages in a behaviour with P in which both are aware that P is under an object such as a coat.

85. Restricting self by movements: P restricts her sense of self by moving in a constricted way.

86. Expelling the critic: P's movements push away the personified critic.

87. Releasing: Behaviours such as crying, letting go of breath, or letting go of a clenched fist; any movements which give P a sense of letting go.

88. Protecting scared, abused part: Any movements which indicate a barrier to the outside world or others (e.g. putting a hand up in front of one's face or turning away one's face).

89. D Moving in role play as the introject: Embodying movements of an introjected part (e.g. pretending to be the critic).

90. D Rhythm progressions: Increasing a rhythm in a steady manner through movement (e.g. the foot beating a ball).

91. D Strengthening body: Exercises engaged in to strengthen the body.

92. Hurting body: Any movements which inflict force upon the body and are either symbolic of aggression towards the body or actually give the body pain.

93. D Correcting movement to one that does not hurt body: Any movement change that occurs to stop a painful movement and replace it with an alternative, non-painful one.

94. Balancing out parts of body: Any movements involved with finding a balance in parts of the body.

95. Aggressive movements: Any movements which are forceful and enact aggression towards an object or person.

96. Assertive movements: Movements P engages in while standing up for herself or expressing herself in a manner which allows her to get her point across during conversation.

97. Defending movements: Any of P's movements that stop others from hurting her.

98. Central efforts: Movements initiated from the centre of the body (e.g. the pelvis, spine, or chest) which move through the limbs into gestures.

99. Whole body action: The whole body is perceived to be involved in a united effort towards a given action.

100. D Chest and voice efforts: The congruency or incongruency of voice with chest action; the sound of the voice from a breath exerted by the chest.

101. Receiving a hug: P allows herself to show some physical softness (*shape-flow* change, *shaping*) or receptivity to a hug initiated by the therapist.

102. Moving away from something: P's gestures or whole body actions away from something (e.g. the critic).

103. Pushing: Involves the Laban analysis efforts of *direct*, *strong*, and *sustained*.

104. Standing ground physically: P stands in a *strong*, slightly widened stance in which her centre is located at her pelvis.

105. D Experiencing a new feeling: P states after the experience of the movement that this kinesthetic feeling was a new sensation to her bodily felt sense.

106. Sinking and twisting: Lowering through the *vertical* axis while the body is engaged in *indirect*, *sustained*, and *strong* action, or *indirect* giving in to weight with *bound* effort to control the lowering action.

107. Kinesthetic anchoring: Although anchoring (a neurolinguistic programming technique) can be done with any of the sensory modalities, in this case a very specific physical cue is placed onto the body (e.g. an arm or leg), so that P can repeat the physical action (kinesthetic) at a future date and retrieve the original experience.

108. Greeting movements: Any movements which begin the session and thereby set the stage and context for that session.

109. Gestalt of body image felt and described: Any of P's body image descriptions derived from bodily felt sensory experiences.

110. D Keeping tension by choice: Purposeful physical efforts by P to keep tensions.

111. Tending to a bodily felt experience: Consciously paying attention to what the body is feeling at that particular moment or during a given segment of time.

112. D Blocking feelings through body tension: P recognizes that she is preventing herself from getting in touch with feelings that she thinks probably exist by keeping herself and her body tensed.

113. Finding the edge: Moving or being moved by an experience until P notices that she is backing away from going further at that time; P may challenge herself to go further.

114. Harmony as a felt experience: P describes her movement experiences as harmonious; these experiences are perceived by the therapist as having a sense of unity about them and sometimes a numinous quality.

115. Exaggerating movement: Any movements P purposefully makes larger or more dramatic.

116. Retreating: Stepping backwards or gesturing into the space behind P; any gesture which retreats from a forward position.

117. D Cramping: A movement which appears constricted and which P reports as cramping.

118. D Broadening her stance and increasing anger: A movement which demonstrates a widening stance and which P states makes her feel an increase in anger.

119. D Narrowing her stance and feeling intimidated: A movement which demonstrates a narrowing stance and which P states makes her feel intimidated.

120. D Giving dirty looks as a way of being bitchy: A facial expression seen by the therapist and demonstrated by P to be congruent with P's statement that she is attempting to be "bitchy".

121. D Verbalizing the sounds of the "bitch": Vocal sounds and accompanying body movements defined by P as "bitchy".

122. D Walking like a family member: Walking in a manner defined by P as similar to that of a family member.

123. D Pretending to be a family member: Role playing or dancing the movements of a family member.

124. Weight back or forward: A movement which demonstrates weight back or forward of centre.

125. D Ballet exercises: Traditional ballet exercises.

126. Dancing to images: Any dancing which follows a visual or descriptive image and incorporates this image in movement.

127. Correcting posture through instructions: Any adjustments to posture which occur in the context of instructions given by the therapist.

128. D Counting timing: Any demonstration of rhythmically and verbally counting time in dance or dance exercises.

129. Co-ordinating movements: A group of movements in which P is attempting to coordinate parts of her body in movement.

130. Exploring new movements: Any segments in which P is purposefully exploring new movements.

131. Limpness: Any demonstration of limpness of wrist or limb movements that indicate a passive weight.

132. Attention to moving parts: Movements which occur while P is attending to moving her body parts.

133. Improvization (freelance dancing, creative exploration): Any dance movements which are made spontaneously by P with the intent of doing improvizational dance.

134. D Sense of height: Any movement experiences which focus P on her sense of height as a bodily felt experience.

135. Sense of width: Any movement experiences which focus P on her sense of width as a bodily felt experience.

136. Level changes: Any movements which indicate high, medium, or low levels of body movements, known as level changes.

137. Feeling how the head sits on top of the body: P states that the movement is experienced in her body in such a way that her head feels solid on top of the rest of her body; this movement is observable.

138. D Stretching at the bar: Any movements in which stretching occurs at the bar.

139. Rocking, body rocks, leg rocks: Observations of P rocking in any manner.

140. Rotating movements: Observations of P manipulating joints in a rotating fashion.

141. Side to side weight shifts: Any movement experience in which P demonstrates a weight shift by moving from one side of her body to the other.

142. D Parts of body against other parts of body: Any movements in which the body applies force against another part of the body.

143. Dance positions: Traditional ballet or modern dance positions, such as first, second, third, etc., with arms or legs.

144. Tightness versus looseness of body movement: Movement fluctuations which demonstrate going from tightness to looseness or vice versa.

145. Contraction: Tensing of a body muscle in a manner which constricts; this is often demonstrated by abdominal contractions or forearm contractions.

146. Sliding: Any sliding movement in which P sustains contact with the floor while moving along the floor in a gliding motion.

147. Exploring limb movements: Movements which explore the range of motion of the limbs.

148. D Prancing: Movement which imitates a horse's trot.

149. Face movements (e.g. scrunching face): Movements of the face.

150. Exaggerated breathing: Elaborate breath movement
151. Movements in spaces (e.g. in a corner): movements which occur in particular spaces in the room or on the floor.

152. D Dragging the therapist: Any movement in which P contacts the therapist and drags her.

153. Parts of body talking (e.g. feet talking): Any movement in which the body part moves while P talks as if speaking from that body part.

154. Parts of body feeling (e.g. shy feet): Any movements of a particular body part during the period of time in which that body part is described as having a particular feeling.

155. D Swirling in chair: Any movement in which P sits in a chair and swirls it and herself.

156. D Facing window: P faces a window.

157. D Rolling on a ball, giving weight to a ball: P rolls on a large ball while giving her body weight to the ball.

158. Contortions of the body (e.g. winding up and unwinding sacrum): Movements in which the body twists and becomes very tense or recuperates from this tension.

159. D Scooping up of intestines and stomach: Movements which occur predominantly in the front abdomen area but which also affect the release of the lumbar through the image of the front lower vertebrae being scooped up.

160. D Shaking out: Movements in which P shakes her body or body parts.

161. Eye movements (e.g. eyes shut, eye contact): Any movement of P's eyes or eyelids.

162. D Flying movements: Any movements in which P experiences a sense of flying or the imagined sense of near-flying.

163. Try movements: Any movements in which P demonstrates what it would be like to try to do a movement.

164. Grounding movements: Any movements in which P feels more connected to the ground; typical grounding movements are a wide stance with slightly bent knees.

165. D Bending over backwards: Any movement in which P bends over backwards.

166. D Curling over on stomach: Any movement in which P curls over on her stomach.

167. Supported movements: Any movement in which P experiences support from therapist, others, or herself.

168. Recuperating movements: Any movements which occur after a particular exercise and through which P experiences a sense of recuperation.

169. Animal movements (e.g. dog wagging tail): Any movements which imitate typical movements but not in a primordial sense.

170. Object movements (e.g. wringer washing machine): Any movements which mimic an object's movement.

171. Being into feelings (being O.K.): Any body experience in which P feels attention towards her feelings.

172. Leaning back: Any movement in which P leans back.

173. Missing (e.g. death, experience of absence, sadness): A bodily felt experience of missing or being empty.

174. D Demonstrating weightlifting: Movements in which P demonstrates a weightlifting exercise.

175. Connecting her anger to not getting what she wants (e.g. making a fist and punching the ball when someone is not there for her, or punching the nagging homework): Movements in which P makes an

angry gesture related to not getting what she wants.

176. D Biting rhythm (chewing gum): A term described by Kestenberg indicating a sharp, quick, bound biting action which can be found in the jaw but also in movements of the body.

177. Feeling sore (pain): The body observed during times when the participant states she is experiencing physical pain, sometimes accompanied by *boundness* and at other times experienced at a tissue level which may not be observable on the video tape.

178. D Twisting elbows together: Movement made by P in which she demonstrates a pulling in of the torso and a twisting of the elbows which brings them closer together.

179. Pulling (e.g. pulling arms down from above her shoulders): Any examples of pulling, such as an isometric experience in which P experiences a pulling vertically down with her arms or a bringing of something towards the centre of the self by a direct, strong action known as pulling.

180. D Stopping an exercise that caused pain: The act of stopping or ceasing an activity in the context of attending to the symptom of pain.

181. Sitting beside therapist: A spatial arrangement in which P sits beside therapist.

182. D Rounding her neck: A movement in which P curves her neck in any manner.

183. Breathing into her body parts (e.g. her shoulders): The act of breathing into the body parts, such as the shoulders, which is observable although not always on the video tapes.

184. Resting (e.g. resting her whole body, or resting her hands on her belly): Any behaviour in which P passively gives in to weight with all or part of her body.

185. Feeling weight and shape of head: Those sections in the sessions in which P focuses towards feeling the weight and shape of her head during a particular exercise.

186. Standing up: P stands up.

187. Moving to music: Any movements done by P while listening to music.

188. D Using long stretchy material (e.g. swinging the material): Any movements in which P uses long stretchy material as a prop.

189. Facing the therapist (e.g. while standing): Any interaction in which P faces the therapist.

190. Playing: any movements in which P is playing.

191. D Therapist pulling participant: Any movements during the time when P is being pulled by the therapist.

192. D Running: P runs.

193. D Rhythmically pulling towards and away using stretch prop: Any rhythmical movement involving a springing action due to the use of a stretch prop.

194. D Swinging: Any movement in which P is doing a swinging motion (e.g. swinging her arms).

195. Wrapping herself up: Any movements in which P wraps herself up in anything.

196. Unwinding and winding up: These movements can be small or large unwinding or winding up of the body or body parts, and can include muscular tension and release.

197. D Throwing ball: P throws ball.

198. D Bouncing ball: P bounces ball.

199. D Using prop with a variety of body parts: P demonstrates the use of a prop with several body parts.

200. Going through the whole foot in relevé: P demonstrates through her movement action going through the whole foot in relevé (i.e. a rise to the balls of her feet).

201. Breathing with feeling: Any movements in which P purposefully breathes with a particular feeling; this breathing can be seen by the raising or lowering of the chest or abdomen.

202. Sweating: P states that she is sweating during a movement.

203. Drawing the foot up the supporting leg to the knee: P draws her foot up to the knee of her supporting leg.

204. Moving in *horizontal*, *vertical*, or *sagittal* planes (e.g. moving as table, door, or wheel): Any demonstration of movement within the *horizontal*, *vertical*, or *sagittal* planes.

205. Moving diagonally: Any diagonal movements which cross between the *horizontal*, *vertical*, and *sagittal* planes.

206. D Therapist and participant prancing towards mirror and back: Any movements in which P and therapist prance towards the mirror and back.

207. D Waltzing: Movements which demonstrate a waltz rhythm.

208. D Running and leaping or hopping: Any movements in which running is followed by leaping or hopping.

209. D Co-ordinating arms and legs in a leap or swing: Parts of an exercise in which P experiments with various coordinating possibilities of arms and legs during a leap or swing.

210. Laughing (e.g. at a unique leap): P laughs.

211. D African jazz walk: A long, lanky stride in which P moves from side to side, shifting her weight from hip to hip as she walks.

212. Contemplative stance; waiting and ready behaviour (e.g. leaning back on chair, clasping hands behind neck with feet up on heater and relaxing, as she looks out window at trees while thinking about her concern for a friend and their similarities): A pensive stance in which P appears to be thinking and is in transition between one action and another.

213. Dynamic movement change: Any change of movement dynamics in which there is an increase or decrease in quickness, force, direction, or flow.

214. Protection movements: Any movements which P experiences as defensive, such as blocking a real or imagined force with her arm in front of her face.

215. Movements related to creating an idea: Any movements which appear during the time when P is in the process of creating an idea.

216. Imaginative play/movement: Any movements in which P is in imaginative play, that is, in which P is imagining figures or objects interacting.

217. Using an object in an imaginative play: Any movements in which P is directly involved with using an object during imaginative play.

218. Stopping self from fighting: Any movement in which P holds back or stops herself from fighting.

219. Initiating with various parts of the body: P demonstrates that she can and does initiate movements with various parts of the body (e.g. the knee or the foot can initiate in a walk).

220. Discovering restrictive movement places: P explores actions and notices places in her body where her movement is restricted.

221. Adding other parts of the body to help move a restricted area: Movements in different parts of the body which are performed in order to help move a restricted area of P's body.

222. Discovering new movement possibilities in order to learn about the developing self: Those movements which arise during exploration of new movement possibilities which P relates to a broadened sense of self.

223. D Moving for fun and excitement: Any movements which are purposefully engaged in for fun and excitement.

224. Letting something go: The act of letting something go in a bodily movement.

225. D Feeling something in the pit of her stomach: Movements not necessarily perceptible by the therapist but which P describes as a proprioceptive experience located in her abdomen.

226. D Feeling tears behind her eyes: A proprioceptive experience of feeling as if she is crying without actually showing the tears externally.

227. D Sighing with head down: P breathes in a manner which exhales and holds while her head moves forward and sagitally.

228. Moving in ways that make her feel good about herself (e.g. meditative exercise on smiling behind the eyes and cheeks): Any movements in which P describes her experience as that of making herself feel good.

229. Breathing in spirituality and inspiration: P inhales and reports a sense of inspiration and a sense of her own spirituality.

230. Becoming more aware of tensions and recognizing that after a while these tensions create aches in her body: Movements which occur while P becomes more aware of muscular tensions and connects these tensions to body pain.

231. Recognizing body feelings as coming from her past (e.g. recognizing that the chest squeezing is like her little girl stance; when it opens, she feels better about herself): P reports that she relates a kinesthetic feeling to an earlier time in her life.

232. Enjoying an exercise (e.g. when her neck becomes long and her arms reach up a wall): P reports pleasure while doing a particular exercise; at the same time the therapist notes that P appears laughing or smiling during the exercise.

233. Looking at her body parts and moving them while making an image (e.g. wiggling toes, which look like sponges and feel very white): P is in the act of observing her body parts while moving them and reports making an image.

234. Connecting moods to resisting future activity (e.g. feeling in a strange mood and dreading working at the hospital): P experiences her inner feelings as moods and reports a connection of these moods with a particular future activity.

235. Wanting to experience more peace in her life: P connects the experience of a movement exercise with wanting more peace in her outside life.

236. Receiving comfort from therapist: During a movement exercise, P allows herself to be comforted physically and/or emotionally by the therapist and reports this experience as comforting.

237. Going on a pretend journey in time and space with therapist: Movements which occur during imaginative journeys in time and space while in the presence of the therapist.

238. D Recalling an injury (e.g. an injury to her back when she lifted a heavy weight): Movements which occur during the recall of a past injury.

239. D Feeling her mood go down when she talks about a problem: During a movement experience, P reports feeling her mood go down when she talks about a problem.

240. Recognizing how thinking stops her from enjoying her body in the moment: During movement, P experiences the thought that she stops herself from enjoying her body movements when she thinks.

241. Nurturing her body through spontaneous movement: Any nurturing movement P reports as nurturing or observed as such by therapist at times when P is engaged in spontaneous movement.

242. Feeling her coordination is off (e.g. keeps falling over): P moves and then experiences a feeling of being uncoordinated in her movements.

243. D Breathing into the muscle areas in her shoulder: P purposefully inhales into the shoulder area and releases muscle tension to her shoulders.

244. Feeling awkward when she does basic things with her patients: P reports the lived experience of feeling awkward when she does basic tasks with her patients.

245. D Doing movements instead of going to the gym: P reports doing dance or kinesiology movements instead of going to her routine workout at the gym.

246. D Changing the look of her clothes (e.g. dressing in shocking pink): P purposefully reports changing the exterior sense of herself by changing the look of her clothes.

247. Feeling good in her body: P reports feeling good in her body; the therapist observes more *light* and *quick* movements in D and more *free*, less *bound*, and a tendency towards more *light* and *sustained* movements in M.

248. Getting up early to start studying and working intensely all day: P reports rising early and being able to focus more directly in her work (i.e. more intensely) all day.

249. D Twisting material: *Strong*, *indirect*, and *sustained* movement applied to cloth by P.

250. D Tying knots as a metaphor for knots in herself: P ties knots in a cloth while relating these knots to knots in her body.

251. Becoming more aware of how her back feels: P reports becoming more aware of the proprioceptive feelings of her back.

252. Seeing some improvement in her body: P reports seeing her body improve.

253. D Power walking: Any movements related to the act of power walking (quick walking which involves a specific use of weight and particular arm movements).

254. D Imaginary strings that pull her forward from her sternum: P explores a visual image and a kinesthetic image which she experiences pulling her forward from her sternum.

255. Receiving kinesthetic cues from therapist through touch along her spine: Any behaviour in which P is engaged in listening to kinesthetic cues or imagery which affects the movement of the body while experiencing the therapist touching her spine.

256. Noticing parts of her body that need contrasting movements: P observes parts of her body that she believes need to move differently from each other.

257. Copying therapist's movements: P engages in the act of copying the therapist's movements.

258. D Walking like a soldier to get a clear image of: Movements in which P coordinates opposite arm to leg while walking.

259. D Being a chorus line with therapist: P engages in moving in a chorus line fashion with the therapist.

260. D Showing therapist her jogging movements: P demonstrates jogging to the therapist.

261. Noticing how movements in one part of her body affects another (e.g,. when she brings her leg in, she feels her stomach tense): While engaging in a movement exercise, dialogue, or dance, P notices how one part of her body affects another.

262. Doing a pelvic rock (rocking the pelvis): P moves her pelvis sagitally back and forth in a rocking manner.

263. D Keeping her palms up (e.g. because her palms are greasy from putting the chain on her bike): P sits with her palms up.

264. Wanting to scream: P sits and tells the therapist that she wants to scream, but does not do so; the therapist observes that P has tension in her neck area.

265. Screaming into a pillow: P screams into a pillow while she holds the pillow next to her face.

266. Feeling unstable, accepting this, and crying: A movement sequence in which P experiences herself as feeling unstable, reports accepting this feeling, and then cries.

267. Feeling punished by God: P reports an inner feeling of being punished by God.

268. Breathing while therapist has one hand in front and one hand behind her chest: P focuses on her breathing during a time when she is feeling sad and tense while the therapist has one hand in front and one hand behind P's chest, in the area of her heart.

269. Letting therapist rock her while therapist touches abdomen: P lies on floor while she allows the therapist to rock her from side to side as the therapist has her hands on P's stomach.

270. Listening to her gurgling stomach: P reports that she is listening to her stomach gurgle.

271. Anatomy lesson about the stomach and intestines: P and therapist discuss the anatomy of the stomach and intestines while P experiences direct contact to the abdominal area by her own hands and the therapist's.

272. Making sounds that vibrate in the spine and throat: P makes sounds which she experiences as resonating in her spine and throat areas.

273. Putting an object representing her anger somewhere else (e.g. the ball is put outside the door for the week): P imagines her anger as represented by an object which she places in a distant location.

274. Dancing by herself with music: Movements which occur while P is dancing by herself with music.

275. Moving with the rhythm of the music: P is observed to be moving with the rhythm of the music.

276. Practising a walk that she likes: P practices a walk that she likes.

277. Looking at biceps and calves in mirror: P observes her biceps and calves in a mirror.

278. Spinning around and hopping: P spins and hops.

279. Jumping with her heels together: P jumps into the air, attempting to put her heels together before landing.

280. Focusing after movement (e.g. finding sadness inside in her throat and chest after jumping): P focuses on and talks about her kinesthetic feelings after doing a movement.

281. Feeling her constricted throat as she discusses not being able to discuss her feelings (especially about sex) directly with her parents: P feels her constricted throat during a time when she discusses not being able to discuss her feelings directly with her parents.

282. Playing with her hair: P plays with her hair.

283. Putting a movement and a sound together: P moves and puts a sound to this movement.

284. Enhancing the emotions through accompanying breath: P focuses on her increased depth of breathing while emoting.

285. Bending over while breathing: P bends over while breathing.

286. Putting weight on one leg (e.g. being afraid of standing on both feet): P puts her weight on one leg.

287. Waking from a dream with tensed body parts (e.g. feeling hot, flushed, red, swollen, embarrassed, vulnerable, and ashamed): P reports waking from a dream with tense body parts.

288. Slashing movements with right arm across front of chest (anger towards stepfather): P slashes her right arm across the front of her chest, using *quick*, *indirect*, *strong* motions.

289. Reaction to physical abuse (e.g. gesturing limply with hands, scratching, holding left hand near stomach, and walking in a circle looking down): P's movement while she discusses her reactions to physical abuse.

290. Beginning to stand up for herself (e.g. standing with weight on her left leg, her right heel rubbing her left foot, rocking back and forth between feet as she talks to her parent in a role play): In a role play, P goes through a sequence of movements in which she progresses from not standing up for herself to a feeling of standing up for herself.

291. Movements to get in touch with anger (e.g. bigger swings, placing hand on stomach and moving from side to side, finding the connection between back and front of abdomen area, going to floor on back, laughing, jerking legs up, connecting kicking to her abdominal muscles): Any movements which occur during exercises in which P is attempting to get in touch with her anger at a deeper level.

292. Feeling upset with her body image (i.e. too fat, feeling like bingeing, rhythms off because of shift work at hospital): P feels upset with her body image and discusses both her physical and emotional feelings about this.

293. D Clapping hands and being silly with the therapist: P claps her hands with therapist while reporting feeling silly with her.

294. Holding hands with therapist: P and therapist hold hands.

295. Becoming aware of geometric shapes around body: P reports becoming aware of spatial shapes around her body.

296. Crouching on floor in froglike position and hanging head over knees: Movements in which P crouches on floor like a frog and hangs her head over her knees.

297. D Totem pole line dance in mirror with therapist: P and therapist move while looking into the mirror, one in front of the other.

298. D Moving one side and then alternating sides with therapist while looking into mirror: P and therapist move one side and then the other while looking into the mirror.

299. D Moving opposite arm and leg together and then moving alternate limbs: P explores moving opposite and same limbs.

300. D Moving with right arm and leg and then left arm and leg: P moves right arm and leg and then left arm and leg.

301. D Playing with clay on floor and sculpturing clay: P plays with clay on floor and sculpts clay.

302. D Squeezing clay: P squeezes clay.

303. D Breaking clay into smaller pieces: P breaks clay into smaller pieces.

304. D Using palms of hands to roll ball of clay until it is smooth: P rolls the ball of clay with the palms of her hands until the clay is smooth.

305. D Using fingers to work clay: P uses her fingers to work clay.

306. D Shaping a small bowl with clay using right index finger, especially in the centre of the bowl: P shapes a small bowl with clay using her right index finger.

307. D Saying "no" with a bubbly voice: P says "no" with a bubbly voice.

308. D Exploring the eczema by breathing and getting in touch with its meaning to her: P explores her eczema by breathing more deeply and then imagining what role the symptom of eczema plays in her life and her body.

309. D Role playing with an empty chair representing her boyfriend and turning his back to her: P role plays with an empty chair, which represents her boyfriend with his back turned to her.

310. D Talking to boyfriend's back: P talks to her boyfriend's back in a role play.

311. D Holding arms across abdomen (e.g. when talking about putting on weight): P holds her arms across her abdomen.

312. D Missing contact with people: P states that she feels a void in her life because she lacks close contact with people.

313. D Beating balls with drum rhythms: P beats a big ball with a drumlike rhythm.

314. D Tapping the ball lightly (as opposed to pounding it) and irregularly: P taps a big ball lightly and repeatedly in an irregular manner.

315. D Lying on ball and having negative feelings drain away: P lies on the ball and experiences her negative feelings draining away.

316. D Pushing ball into her stomach as she rolls back and forth: P pushes the big ball into her abdomen as she rolls back and forth.

317. D Exaggerating a sound until it sounds like a growling Godzilla: P exaggerates a sound she makes until it sounds like a growling Godzilla to her.

318. Feeling dizzy: P reports the experience of feeling dizzy.

319. D Sitting and bouncing on ball: P sits and bounces on ball.

320. D Sitting, bouncing, and talking on ball: P sits, bounces, and talks on a big ball.

321. D Sitting and talking while rolling on ball: P sits and talks while she rolls on a big ball.

322. Therapist and P moving in parallel manner: Therapist and P dance in a parallel manner.

323. P mirroring therapist's movements: P mirrors the therapist's movements.

324. Creating a dance from felt sense: P creates a dance from her inner felt bodily sense.

325. Creating a dance from images: P creates a dance after being given or imagining her own images.

APPENDIX G

Glossary of Terms

Anchoring:	This is a Neurolinguistic term meaning to have P place an experience in one of the sensory modalities (kinesthetic, visual, auditory) as a way of easily accessing this experience in memory.
Arching:	A circular gesture or posture made by the arm, leg, or body where the body part cuts through the circle in a manner that follows the circumference.
Authentic Movement:	Spontaneous movement where the participant follows an organic bodily impulse.
Bound:	This is a Laban term that indicates the mover's intent towards a tightening and constricting of flow. For example, if role playing a robot, the mover would tighten or stiffen her appearance.
Centred:	This term indicates that the mover has an awareness of centre in regard to her body and her movements. One's centre can change and is, therefore, dynamic and psychologically related to changing perspective.
Direct:	This is a Laban term that indicates the mover's intent towards linear or straight movement through space where there is, for example, the shortest route to an object.
Effort Shape:	This term means the movement qualities of the mover taking into account movement through space and time.
Flow:	This is a Laban term which can indicate a continuum of movement from free to bound.
Free:	This is a Laban term that indicates the mover's intent towards loosening muscle constriction and towards a liberating sense of openness. In a swing, movements go from free to bound and back to free, etc.

Gestures:	Those actions made by the peripheral limbs such as hands, arms, legs, feet and head. Central body movements can have a gestural quality when they are disconnected from the person's integrated self.
Grounded:	This term refers to the mover having a visual, kinesthetic or proprioceptive experience of connection to the force of gravity downward and upward through the body.
Horizontal:	Moving horizontally indicates a flattening of the body parallel to the earth. This can be partially done by the body when the mover stands on one leg and lifts the other leg and the trunk parallel to the earth.
Horizontal Plane:	This three dimensional relation to space can be represented by a table top.
Indirect:	This is a Laban term that indicates the mover's intent to take in space as if to be aware of all that is around her in her vision or in her movements.
Light:	This is a Laban term that indicates the mover's intent towards the softer or upward side of weight efforts such that lightness is the polarity of strength effort.
Overlaps:	Overlaps (sensory overlaps) means that the participant has access to an experience in more than one sensory modality (e.g. both kinesthetic and visual).
Passive Weight:	This can relate as a non-effort term which indicates either heaviness (giving into weight), or limpness such as a wrist gesture that is released at the wrist and held at the arm.
Postural Movements:	These movements are movements from the central trunk or pelvis of the body and are important in postural shifts such as when a person takes a new position on some issue.
Quick:	This is a Laban term that indicates the mover's intent of suddenness or urgency in relation to time.

Sagittal:	Backward and forward movements of the body such as walking forward or backward.
Sagittal Plane:	This can be illustrated by a wheel action which moves three dimensionally through space in a sagittal action.
Sensory Modes:	These include auditory, kinesthetic, visual, gustatory, and olfactory sensory experiences.
Shadow Movements:	Shadow movements is a term created by Laban to indicate those habitual type of movements or gestures that the mover is usually aware of doing.
Shadow self:	This is a Jungian term which indicates the part of oneself of which one is not consciously attending to at the present time. This side of a person is usually the part where the person does not want to identify these qualities as related to themself or being enacted by themself.
Shape flow:	This term refers to the mover's use of her breath which affects the curvature of the chest and abdomen.
Shaping:	This term refers to the mover moulding the body into various contours.
Sinking:	Allowing the body to descend through the vertical dimension.
Strong:	This is a Laban term that indicates that the mover is putting their strength, force and grit behind a weight effort.
Sustained:	This is a Laban term that indicates the mover's intent for slow motion in relation to the time effort.
Time:	This is a Laban term which indicates the possibilities of continued movement quality from quick to sustained.

Twisting:	Combining the Laban efforts of indirect, strong and sustained creates the motion of twisting.
Vertical:	Verticality relates to the upward and downward movement such as following a pin's thinness into space or down through the ground.
Vertical Plane:	This can be illustrated by the action of presenting the body in the plane of a door.
Weight:	This is a Laban term that indicates the possibilities of continued movement from light to strong.

APPENDIX H

Ethical Note

Written consent forms were given to the participants at the beginning and end of the research. Participants were informed at the end of the research that their names and some essential details were changed to promote anonymity. However, they were also told that there was no way anonymity could be guaranteed because of the details of the research. Both participants agreed to keep their consent to have the research available on micro fiche as is custom for the distribution of dissertation material. The author wishes to express gratitude to both participants for collaborating in this phenomenological study.